

**GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWOERS
Public Health and Welfare Section**

WEEKLY BULLETIN

**For period
2 March – 8 March
1947
Number 10**

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SECTION I WELFARE

Private Welfare

There continues to be instances of certain individuals or groups who call upon Military Government personnel, as well as other members of the Occupation Forces, to secure verbal and/or written approval to establish a private welfare organization or institution. These interested parties not infrequently request a written statement encouraging their endeavor, which they in turn use to influence Japanese officials.

It is contrary to the policy of SCAP, for any member of the Occupation Forces, unless duly authorized, to act as an intermediary between private individuals or groups and the Japanese Government in matters which pertain to the approval of establishing new private welfare agencies. This does not preclude continued and vital interest in the private welfare agency field but the actual licensing of such agencies must be through normal Japanese government channels, without any outside influence other than that of those individuals, other than occupation forces, directly interested in the enterprise.

There also appears to be some question regarding the use of Japanese Government funds in establishing private welfare agencies. Under SCAP policy, "no governmental funds will be expended to establish a new private welfare agency".

Extension of Restrictions on Civilian Population Movement

The Home Ministry requested an extension to 31 December 1947 on the restrictions of free movement of civilian population in Japan. The Home Ministry considered the extension necessary inasmuch as there is no appreciable change in the food and shelter situation within the urban areas.

The request of the Home Ministry was approved as presented, and an Imperial Ordinance revising Imperial Ordinance No.542 ("Urgent Measure Concerning the Control of Population Inflow into Urban Areas") will be issued.

Japanese Red Cross Society

The Japanese Red Cross, in an effort to meet the demands of personnel for increased salaries, has agreed to revise its pay scale on the same basis as revisions now being made for comparable classes of employees by the Japanese Government. The new salary scale will be put into effect following conferences to be held with Chapter and Hospital Directors at The National Headquarters (Tokyo), on 8 – 9 March 1947.

SECTION II VETERINARY AFFAIRS

Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry), reported no new outbreaks of disease occurred during the period 2 – 8 March 1947.

SECTION III DENTAL AFFAIRS

General

Out of the nations 22,288 primary and middle schools, 9693 have at least part dental attendance. This service consists of periodical examinations, limited treatment, and instruction in oral hygiene.

Only 260,000 yen was appropriated by the national government for this program in 1946, but this amount was supplemented by varying amounts from each prefecture.

SECTION IV NURSING AFFAIRS

The procedure manual for the Tokyo Demonstration school has been completed in Japanese. Publishing and printing privileges have been received from C.I. & E. Section and the publisher is ready to begin work as soon as paper is obtained. There will be 20,000 copies of the manual printed for the first edition and these will be made available to the schools of nursing.

The Communicable Disease Chart prepared by this Division has been approved by C.I. & E and is being printed now. These charts will be made available to Public Health Nurses of Japan. Two thousand are being printed by News Company as a “complimentary gift”, to the nurses.

SECTION V SUPPLY

Production

The Welfare Ministry approved release of 10% DDT Dust and Typhus Vaccine as indicated below during the week:

<u>Prefecture</u>	<u>Typhus Vaccine</u>	<u>Quantity</u>
Chiba		4,000 vials
Mie		1,440 "
Aichi		5,000 "
Kagawa		100 "
Okayama		2,000 "

	<u>10% DDT Dust</u>	
Chiba		20,000
Mie		3,000
Yamaguchi		10,000
Aichi		20,000
Saga		27,000
Kagawa		5,000
Shizuoka		4,000

A total of 6775 gallons of 5% DDT residual effect spray was released to the following prefectures for disinfection of jails: Tottori, Shimane, Okayama, Shiga, Wakayama, Fukuoka, Hiroshima, Yamaguchi, Mie, Tokyo, Hokkaido, Aomori, Iwate, Miyagi and Akita.

Weekly progress report of the Welfare Ministry regarding production of medical supplies for antituberculosis campaign indicates a total of 9 photoroentographic machines and 6900 rolls of 35 mm film have been produced. A total of 82 photoroentographic machines remains on production program. Production of this quantity together with machines now on hand will make a total of 600 machines which is considered adequate. Production of the remaining 82 is expected prior to 30 April. Production of 100,000 rolls of 35 mm film monthly from 1 April – September 47 is scheduled.

Monthly report of the Welfare Ministry regarding production of absorbent cotton from American imported raw cotton indicates the following factual data:

Production <u>during</u> period 19 Jan – 15 Feb:	72,801 lbs.
Total production to date:	355,952 lbs.
Stock of raw cotton in factories:	572,351 lbs.
Stocks of absorbent cotton 15 Feb:	355,952 lbs.

None of this production has been distributed. Distribution has been delayed because prices had not been established.

Prices have now been established and are as indicated below:

	<u>50 grams</u>	<u>100 grams</u>	<u>500 grams</u>
Manufacturers Price	3.34 yen	5.91 yen	26.35 yen
Wholesale Price	3.74 yen	6.62 yen	29.51 yen
Retail Price	4.49 yen	7.94 yen	35.41 yen

Penicillin program continues to gain momentum especially in relation to the development of the tank process. Designs and flowsheets of 9 different pilot plants have been examined in detail in consultation with engineers of the various companies. One company, Toyo-Rayon in Otsu has completed its fermentation pilot plant. Additional design studies are made daily in cooperation with various engineering staffs.

Detail design of first pilot freeze drying unit in Japan has been almost completed; installation will be in the Government Central Pilot Plant.

Request has been made for importation of American corn steep liquor to increase penicillin, output and to conserve critical foodstuffs and processing chemicals which otherwise would be necessary.

Distribution

The Ministry of Health and Welfare reports that approximately two million 1/2 gram sulfathiazole tablets have been distributed to prefectures during the past two months. In addition a small reserve is being held in Tokyo and Osaka by the Central Medicine Distributing Company. Although the overall supply of sulfathiazole is limited, there would seem to be no reason why Japanese physicians could not secure a sufficient quantity for treatment of seriously ill patients in cases where the use of sulfathiazole is particularly indicated. When sulfathiazole is not available locally, the Prefectural Health Officer should immediately contact the Pharmaceutical Section of the Ministry of Health and Welfare giving specific information as to amount required.

Narcotics

Marihuana Control Regulations which were drafted by the Japanese Government have been received and approved. Possession, planting, cultivation or growing of marihuana and import, manufacture, compounding, selling, dealing in, dispensing, prescribing, administering or giving away marihuana are prohibited except that production for fiber purposes or for the purpose of research, instruction, or analysis will be permitted by persons licensed by the Minister of Welfare.

The districts and areas for marihuana cultivation will be determined by the Minister of Welfare and the Minister of Agriculture and Forestry. Arrangements for the designation of marihuana producers in the twelve selected prefectures are going forward on the national level. Military Government teams should assure that personnel have been appointed and other necessary arrangements made for licensing the appropriate persons in the prefectures as stated in SCAPIN 3203-A, 11 February 1947.

SECTION VI PREVENTIVE MEDICINE

Typhus Fever

Comparative Score: (Includes figures of 5 March)

1946	-	5,272
1947	-	484

Commuters Vaccination

Vaccination of commuters against typhus in Tokyo and Osaka areas began on 1 March. The work will be completed within two weeks.

Venereal Disease Control

The Welfare Ministry has been informed of their responsibility for aiding and encouraging the prefectures in the development of a comprehensive program for the prevention, control and cure of venereal diseases for all the people of Japan. Visits to the prefectures show that the clinics established thus far have been placed in operation

solely on the initiative and interest of the Military Government Health Officer plus such dependable Japanese physicians that he can develop to carry out his instructions.

Using such national prefectural or municipal facilities as are available, the Military Government Health Officer should establish several venereal disease diagnostic and treatment clinics for the public. These should be set up according to our standards, closely supervised, take good histories, physical examinations, attempt to bring the contacts in for diagnosis and treatment, and follow our treatment regimes strictly. These clinics, when properly supervised, should use American drugs. Such drugs should be ordered through Military Government channels in the usual manner. Do not allow good drugs to be wasted by untrained personnel using improper amounts or improper schedules.

The main use of prostitute hospitals is to keep as many prostitutes out of circulation as long as possible. Since these patients continuously become reinfected, this would be a proper group on whom to employ Japanese drugs, although these drugs may have to be supplemented by American drugs.

Military Government Health Officers should remember that a SCAP directive changes pre-existing Japanese laws. No prefectural or municipal health official should be allowed to shirk his duty by disclaiming authority to carry out projects under former Japanese laws. SCAPINS 48 and 153 give sufficient authority for the establishment of public venereal disease diagnostic and treatment clinics in prefectural and municipal health centers and in national, prefectural and municipal hospitals.

Laboratory Activities

A series of conferences held in Tokyo on the 25th, 26th and 27th February culminated two months of intensive work for setting up a Laboratory Control Program in Japanese at the National level.

Eventually all phases of laboratory activity, both biological manufacture and clinical diagnostic, will be regulated under this program. Negotiations are being conducted to create a Japanese National Institute of Health, located in Tokyo and under the control of the Welfare Ministry.

Immediate efforts have been directed toward getting into operation a Biologics Control Program. A Laboratory Control Section will be under the Disease Prevention Bureau of the Welfare Ministry. This agency will carry out surveillance of laboratories to check for compliance with the official regulations through a system of inspectors, both local and national. As soon as these men are appointed, they will be given an intensive period of instruction in Tokyo. Upon their return to the peripheral areas, they will be directed to contact their respective Military Government Public Health officers to synchronize activities in this program. Public Health and Welfare's laboratory consultant will make frequent inspection trips to explain the details and to coordinate activities at the local level.

Every biological manufacturer in Japan had representatives attending the meeting on the 25th. The foregoing was explained in detail and was followed by an open discussion period. As soon as the Minimum Requirements regulating the operation of Biologics Manufacturing laboratories are completed, they will be distributed to each Military Government Public Health Officer.

On the 26th and 27th, meetings were held with the technical personnel working with typhus, typhoid and para-typhoid vaccines. The official minimum requirements for these products are being forwarded to Military Government Teams for the information and guidance of Public Health Officers. Shortly, through Japanese channels, each Ken Director of Public Health and each biologics manufacturer in Japan will receive both English and Japanese copies, identical to those forwarded to Military Government.

Eventually Minimum Requirements will be drawn up for every biological produced in Japan.

In the inspection of laboratories, particular attention should be directed at carefully examining their production protocols, checking for compliance with the official "Minimum Requirements."

Following is the map location of Biologics Manufacturers Laboratories in Japan:

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>	<u>BIOLOGICALS PRODUCED</u>
Arima Institute	Ebie Fukushima-Ku,	Tubercle Bacilli Vaccine "A-O."
Aichi Kessei	Osaka City	Diphtheria Anti-Serum

	Shinpukuji-Machi, Nishi-Ku, Nagoya-City	Tetanus Anti-Serum Gas gangrene Anti-Serum Gas gangrene Bacillus Coli mixed Anti-Serum Typhoid and Paratyphoid Anti-Serum diagnosis Etyphosus suspension for diagnosis Liquid Paratyphoid A and B Bacillus for Diagnosis Old Tuberculin diluted Typhoid and Paratyphoid mixed Vaccine Cholera Vaccine Whooping Cough Vaccine Typhoid Vaccine Diphtheria Antitoxin Typhus Vaccine
Chiba Kessei	Furusaku-Machi, Funabashi-City, Chiba Prefecture	Typhoid Vaccine Diphtheria Antitoxin Diphtheria Toxoid Triple typhoid Vaccine Tetanus Antitoxin Cholera Vaccine Gas gangrene Anti-Serum Typhus Vaccine
Chiba Medical College*	Yasaku-Machi, Chiba City, Chiba Prefecture	
Govt. Institute for Inf. Dis.	Shiroganedai-Machi, Shiba-Ku, Tokyo-To	Cholera Vaccine Plague Vaccine Typhus Vaccine Small Pox Vaccine Triple Typhoid Vaccine Antirabies Vaccine Whooping cough Vaccine Staphylococcus Vaccine Mixed Stephylo and Strepto Vaccine Streptococcus Vaccine Diphtheria Antitoxin Antitetanic Serum

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>	<u>BIOLOGICALS PRODUCED</u>
Govt. Institute for Inf. Dis. (continued)	Shirogane-Machi, Shiba-Ku, Tokyo-To	Antivenom Serum Anti-Serum for Weil's Disease Diphtheria Toxoid Staphylococcus Toxoid Streptococcus Toxoid Old Tuberculin Typhoid Paratyphoid A and B for diagnosis
Hokkaido Seiyaku Co., Ltd.	Minami 4-Jyo, Sapporo-City, Hokkaido	Diphtheria Antitoxin Small Pox Vaccine Diphtheria Toxoid Antitetenic Serum Typhus Vaccine
Hokkaido Imperial University	Kita 12-Jyo, Sapporo City, Hokkaido	
Hokuriku Kessei	Nishi-Machi, Ishikawa Prefecture	Diphtheria Antitoxin Typhus Vaccine Diphtheria Toxoid Triple Typhoid vaccine
Ishigami Institute	Hamedera-Koen, Minami, Sanpoku-Gun, Osaka-Fu	Tuberuculin Streptococcus Vaccine B. Coli Vaccine Erysipelas Streptococcus Vaccine Whooping cough vaccine Cholera vaccine Typhoid vaccine Influenza and Pneumococcus mixed Tuberuculo -toxoidin
Japanese Anti-tuberculosis Association Kitasato Institute	Misaki-Cho, Kanda-Ku, Tokyo-To Shirogane Sanko-Cho, Shiba-Ku, Tokyo-To	B.C.G Anti-diphtheria serum To Vaccine virus Diphtheria Toxoid (Acetonal) Anti-rabies vaccine Anti-strangles Serum Strangles Vaccine Vasunel (Katanabe's T.B. Vaccine) Koch's old Tuberculin Tuberuculin for Mantoux skin test

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>	<u>BIOLOGICALS PRODUCED</u>
Kitasato Institute (cont'd.)	Shirogane Sanko-Cho, Shiba-Ku, Tokyo-To	Meningococcus /nti-Serum Meningococcus Vaccine Cholera Vaccine Pertussis Vaccine Dysentery Vaccine Typhoid Vaccine Shiga's anti-toxic dysentery serum Triple Typhoid Vaccine Anti-dysentery rabbit serum for diagnostic use Anti-tetanus serum Staphylococcus Vaccine Streptococcus Anti-serum Vaccine Staphylococcus antitoxin Antistaphylotoxic serum Gas gangrene anti-serum Leptospiral anti-serum Vaccine for Well's disease Typhus vaccine
Kyoto Biseibutsu Institute	Karasumaru-Dori, Chukyo-Ku, Kyoto City	Cholera Vaccine Triple Typhoid Vaccine Smallpox vaccine
Kyoto Imperial University	Yoshida-Machi, Sakyo-Ku, Kyoto-City	Typhus Vaccine
Kobe Eisei	Niban-Cho, Nagata-Ku, Kobe-City, Hyogo Prefecture	Cholera Vaccine Meningococcus Vaccine Mixed vaccine of strepto and Staphylococcus Staphylococcus Vaccine Tuberuculin Diluted old tuberuculin Diagnostic suspension for typhoid fever Diagnostic suspension for para-typhoid / and B Typhoid vaccine (for preventive use) Triple Typhoid Vaccine Influenza vaccine B. Coli vaccine

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>	<u>BIOLOGICALS PRODUCED</u>
Kumamoto Biological Institute	Furukyo-Machi, Kumamoto-City	Smallpox Vaccine Cholera Vaccine Typhoid – paratyphoid mixed vaccine Diphtheria Anti-serum Tetanus serum Pertussis Vaccine Diphtheria toxoid Typhoid diagnosticum Paratyphoid A and B diagnosticum Typhus Vaccine
Kumamoto Jikken Institute	Honjio-Cho, Kumamoto-City, Kumamoto Prefecture	Mixed typhoid paratyphoid vaccine Cholera Vaccine Pertussis Vaccine Mixed streptostaphylococcus vaccine
Meguro Institute	Kanda Ueshima Ikeda-City, Osaka-Fu	Cholera vaccine Triple typhoid vaccine
Nitto Hoken	Nishi Mukohi-Machi, Otokuni-Gun, Kyoto-Fu	Cholera vaccine Typhoid Vaccine Typhoid-paratyphoid mixed vaccine Tuberculin Diluted tuberculin
Osaka Imperial University Inst.	Dojima Nishi-Machi, Kita-Ku,Osaka City	Anti-diphtheria serum Typhoid vaccine Typhoid paratyphoid mixed vaccine Cholera vaccine Streptococcus vaccine Whooping cough vaccine Smallpox vaccine B. Coil vaccine Normal horse serum Staphylococcus vaccine Staphylococcus, Streptococcus mixed vaccine Anti-tetanus serum Pneumococcus anti-serum Tuberculin Diluted tuberculin Diphtheria toxoid Gas gangrene anti-serum Typhus vaccine

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>	<u>BIOLOGICALS PRODUCED</u>
Osaka Kessei	Kamihukushima Fukushima-Ku, Osaka-City	Small pox vaccine Diphtheria toxoid Typhoid paratyphoid mixed vaccine Diphtheria antitoxin Cholera vaccine Tuberuculin
Osaka Saikin Institute	Kamihukushima Fukushima-Ku, Osaka-City	Diphtheria antitoxin Smallpox Vaccine Tuberuculin Cholera vaccine
Osaka Red Cross	Otemaeno-Machi, Higashi-Ku, Osaka-City	Typhus vaccine
Sankyo Company Ltd.	Muro-Machi, Nihonbashi-Ku, Tokyo-To	Triple Typhoid Vaccine Diphtheria Antitoxin Cholera Vaccine Diphtheria toxoid Tuberuculin dilution for Mantoux reaction Vaccine of Ducrey's bacillus (Ducrein) Diagnostic
Sukegawa Institute	Shikishima-Machi, Tsuchiura-City, Ibaraki Prefecture	Smallpox Vaccine
Takeda Company Lid.	Dosho-Machi, Higashi-Ku, Osaka City	Diphtheria toxoid Staphylococcus Vaccine
Tohoku Boeki Institute	Kita 4-Ban-Cho, Sendai City, Miyagi Pref.	Diphtheria toxoid Diphtheria antitoxin Diphtheria toxin for Shick test Typhus Vaccine Cholera Vaccine
Torii Company Lid.	Hon-Machi, Nihonbashi-Ku, Tokyo-To	Triple typhoid vaccine
Torigate Mencki Institute	Abeno-Suji, Abeno-Ku, Osaka-City	Influenza B. Koptigen Tuberculosis B. Koptigen Chancroid B. Koptigen Common coli B. Koptigen Typhoid B. Koptigen Pneumo-C Koptigen Mixed influenza B.and pneumo C. Koptigen Epidemic meningo C.Koptigen Paratyphoid A & B mixed Koptigen Strepto C. Koptigen Staphylo C. Koptigen

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>	<u>BIOLOGICALS PRODUCED</u>
Torigata Meneki Institute	Abeno-Suji, Abeno-Ku, Osaka-City	Stephylo and Strepto C mixed Koktigen Whooping cough Koktigen Typhoid B and paratyphoid A & B Mixed Koktigen Dysentery B. Koktigen Cholera V. Koktigen
Toshiba Institute	Sekiya-Machi, Niigata-City	Triple Typhoid vaccine Cholera vaccine Typhus vaccine Smallpox vaccine Diphtheria toxoid Tetanus toxoid Diphtheria antitoxin Tetanus antitoxin Meningococcus vaccine Old tuberculin Whooping cough vaccine Leptospira Icterohaemorrhagica vaccine Antisera for Leptospira icterohae-morrhagica
Yashima Company. Lid.	Kaji-Machi, Kanda-Ku, Tokyo-To	Diphtheria toxoid

* Produce only Epidemic Typhus Vaccine.

The following are governmental laboratories. Formerly, they were permitted to produce Typhoid para-Typhoid and Cholera Vaccine. With the exception of (a), (b) and (c), all of these laboratories are no longer to produce biologicals for distribution unless specific prior approval has been obtained from the Biologics Control Sub-Section of the Welfare Ministry.

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>
Aichi Prefecture laboratory	Nagoya-City, Aichi-Prefecture
Fukuoka Pref. Laboratory	Fukuoka-City, Fukuoka-Prefecture
Fukushima Pref. Laboratory	Fukushima-City, Fukushima-Prefecture
Gifu Pref. Laboratory	Gifu-City, Gifu-Prefecture
Ishikawa Pref. Laboratory	Kanazawa-City, Ishikawa-Prefecture
Kanagawa Pref. Laboratory (a)	Yokohama-City, Kanagawa-Prefecture

<u>NAME OF LABORATORY</u>	<u>LOCATION</u>
Miyagi Pref. Laboratory	Sendai-City, Miyagi-Prefecture
Nagasaki Pref. Laboratory	Nagasaki-City, Nagasaki-Prefecture
Nagoya-City Laboratory	Nagoya-City, Aichi-Prefecture
Niigata Pref. Laboratory	Niigata-City, Niigata-Prefecture
Oita Pref. Laboratory	Oita-City, Oita-Prefecture
Osaka-Fu Laboratory (b)	Osaka-City, Osaka-Fu
Tokyo-To Pref. Laboratory (c)	Shibuya-Ku, Tokyo-To
Toyama Pref. Laboratory	Toyama-City, Toyama-Prefecture
Yamagata Pref. Laboratory	Yamagata-City, Yamagata Prefecture
Yamaguchi Pref. Laboratory	Yamaguchi-City, Yamaguchi-Prefecture

SECTION VII SOCIAL SECURITY

Personal

Mr. Leonard R. Anton, has been assigned to Public Health and Welfare Section, as Chief, Social Insurance Branch, of the Social Security Division.

Social Insurance

Considerable effort has been exercised in coordinating the various types of Social Insurances which will be affected with enactment of the Workmen's Accident Compensation Law. Pension Insurance and Health Insurance are to undergo changes, the basic point to be the difference between occupational and non-occupational diseases and accidents.

National Health Insurance

Additional emphasis was exhibited in behalf of National Health Insurance when representatives from all prefectures in Japan met in Tokyo to place the unification of their pleas before the Government for increased financial support. There were 160 present representing more than 40 million people. Each brought the desires and wishes of many people in the rural communities who are in need of adequate medical care facilities. The names of those attending the meeting are being recorded for information and reference to the Military Government Teams.

SECTION VIII MEDICAL SERVICE

Hospital Report

Japanese Civilian Hospital Strength Report for the period ending 17 January 1947 shows 3,054 hospitals with a capacity of 216,462 beds, 94,641 of which were occupied. During this same period 256,369 out-patients were treated.

Medical Education

During and immediately prior to the war a large number (45) of second class medical schools (Senmon Gakko) were established in Japan to meet wartime medical requirements. These medical schools accepted large numbers of students directly from middle school (11th year of school) and were graduating them as licensed medical practitioners after a four year course of study. Some of these schools were attached to medical universities and others were established as separate and distinct private facilities.

The need for inspection and classification of these schools for purposes of evaluation of their present and future role in medical education was recognized early by the Japan Medical Council which recommended a group of inspectors to the Ministry of Education for the purpose of carrying out their plan of evaluation.

These inspectors were appointed by the Ministry of Education, completed their survey of the 2nd class medical schools of Japan and have divided these schools into Class A and B. PH & W, CI & E, the Japan Medical Council, Ministry of Education, and Ministry of Welfare recommended that class B schools cease to function at once, as schools for the preparation of, or graduation of, physicians, and that class A schools be allowed to graduate students until 1950 when they also will cease to exist as 2nd class medical schools.

The results of the inspection and the final decision of the Ministry of Education regarding an interim program will be distributed to schools concerned at an early date.

SECTION IX CONSULTANTS

Nutrition Affairs

The Japanese Government is attempting to obtain the results of nutrition surveys at an earlier date. During the past week nutrition survey reports from Saitama, Chiba, Shiga, Iwate and Gunma prefectures and Osaka city on the food intake and deficiency symptoms, of weight deviations for Nagoya city and Kyoto prefecture were submitted by the Japanese Ministry of Health and Welfare.

At a press conference with SCAP, nutrition problems and future plans were discussed concerning the Japanese school lunch program.

SECTION X MEMORANDUM TO IMPERIAL JAPANESE GOVERNMENT

PHMJG-13 30 Jan 47 – National Food and Nutrition Council for the Japanese

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief, Public Health and Welfare Section

2 Incls.

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 1 March 47, w/Digest.
2. Venereal Disease Report for week ending 1 March 47.

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SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section**

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SECTION I WELFARE

General

Mr. Irvin H. Markuson joined the staff of the Welfare Division as Chief, Public Assistance Branch.

Public Assistance

The Ministry of Health and Welfare Public Assistance Report for January 1947 shows a small increase in total number of persons assisted with an appreciable increase in grants over December 1946 (average of 75.10 yen per person in December as against 87.05 yen in January).

Comparative figures for the months of December 1946 and January 1947 are given below:

	<u>December 1946</u>	<u>January 1947</u>
Number of persons (not in institutions) assisted	2,744,429	2,790,791
Number of persons (in institutions) assisted by Gov't	<u>92,778</u>	<u>100,545</u>
<u>Total number persons assisted</u>	2,837,207	2,891,336
Net Cash Grants	yen 144,075,959	yen 160,259,872
Grants in Kind (Cost)	<u>62,045,606</u>	<u>91,344,697</u>
<u>Total Grants</u>	206,121,565	251,604,569

Note: Considerable interest has been shown in the Prefectural Public Assistance Reports and for the information of Military Government personnel, a recapitulation of the latest available Prefectural monthly data will be included in the Weekly Bulletin. The Weekly Bulletin (16 March – 22 March) will contain Prefectural Public Assistance statistics for January 1947.

SECTION II VETERINARY AFFAIRS

The Ministry of Agriculture and Forestry, (Bureau of Animal Industry) reported the following new outbreaks of disease during the period 9 – 15 march 1947.

<u>Prefecture</u>	<u>Disease</u>	<u>Cases</u>
Kumamoto	Texas Fever	2
Nagano	Swine Erysipelas	1
Chiba	Anthrax	1

ANNUAL CONDEMNATION REPORT ANTE AND POST-MORTEM MEAT INSPECTION 1946 (January - December)

	CATTLE				CALVES				SHEEP				GOATS				PIGS				HORSES				
	p.S.	C.W.	C.p.	V.C.	p.S.	C.W.	C.p.	V.C.	p.S.	C.w.	C.p.	V.C.	p.S.	C.W.	C.p.	V.C.	p.S.	C.W.	C.p.	V.C.	p.S.	C.w.	C.p.	V.C.	
Infectious Diseases	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Pyæmia	1	4	-	-	1	-	2	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	
Uraemia	-	8	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	
Sent icaemia	1	11	-	2	-	1	-	-	-	-	-	-	-	-	-	-	2	1	-	-	2	7	-	-	
Tetanus	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	1	-	-	
(#### jirious to men)	-	6	10	13	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	2	3	9	4	
Icterus	-	4	-	13	-	3	-	1	-	-	-	-	-	-	-	-	-	-	1	3	1	1	10	14	
Cedema	1	14	135	277	-	1	1	4	-	-	-	-	-	-	-	-	-	1	1	215	-	7	78	59	
Tumors:																									
Actino-mycosis	-	-	54	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	1860	-	-	4	43	
Others	-	-	73	430	-	1	1	-	-	-	-	-	-	-	-	-	-	-	2	24	-	-	36	109	
Open tuber-culosis	-	6	3	644	-	-	-	1	-	-	-	-	-	-	-	-	-	-	40	3	-	-	-	-	
Closed tuber-culosis	-	-	27	587	-	-	-	2	-	-	-	-	-	-	-	-	-	-	29	16	-	-	-	1	
####	-	-	93	292	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	5	-	-	1	1	
Distoma	24	6	213	24050	-	-	1	72	-	-	-	-	-	-	-	1	-	-	25	111	-	-	58	128	
####																									
& others	-	11	1751	6220	-	1	88	202	-	-	-	1	-	-	16	15	-	1	174	2769	1	12	2387	3122	
####																									
####Atrophy	-	2	88	1112	-	-	2	15	-	-	-	-	-	-	1	3	-	-	12	164	-	1	152	737	
Others	8	39	498	6132	-	11	11	130	-	-	-	-	-	1	7	74	-	-	80	10076	11	31	432	3024	
TOTAL	37	115	2945	39795	1	19	106	427	-	-	-	1	-	1	24	94	2	7	371	15247	27	69	3168	7242	

SECTION III NURSING AFFAIRS

Education

The refresher course for Nursing Education Leaders (12 March – 10 April) at the Red Cross Central Hospital was opened. This is being sponsored by the National Nurses Association. All prefectures are to be represented in this group.

A radio program for recruitment of nurses began 15 March and is continuing through 31 March. Broadcasts are being made three times daily. This is an appeal to high school graduates who wish to enter schools of nursing.

Visitors: Personnel

Miss M. E. Tennant, Rockefeller Foundation Nursing Consultant for the Far East is a current visitor at SCAP and through her years of experience in the nursing education field is providing counsel and suggestions for the National Public Health Program for nurses and future nursing education programs.

SECTION IV SUPPLY

Production

The first tank pilot plant for production of penicillin was completed by the Toyo-Rayon Co. at Otsu. Operation was begun 11 March. This significant event was attended by Col. Sams, Lt. Col. Riordan and Dr. Foster of GHQ, SCAP. While still not perfected, and while considerable operating difficulties are anticipated, this pilot plant marks a big stride in the penicillin program. A novel feature of the Toyo-Rayon process is the utilization of clams as a source of protein nitrogen for the mold. These shell-fish are harvested from Lake Biwa, adjacent to the plant, and are extracted by boiling with water.

The Welfare Ministry approved release of 10% DDT dust and typhus vaccine as indicated below during the past week:

<u>Prefecture</u>	<u>Typhus Vaccine</u>	<u>10% DDT Dust</u>
Tokyo	15,000 Vials	
Miyazaki	500 "	
Hiroshima	470 "	6,000 lbs.
Kumamoto	50 "	4,000 "
Hokkaido		44,000 "
Niigata		15,330 "
Osaka		50,000 "

Production of DDT products continues to be satisfactory. Approximately 1,500,000 lbs. of 10% DDT dust is now in stock. Production of 5% DDT residual effect spray is being increased and additional quantities will be available for distribution.

Current Japanese production of injection needles exceeds Japanese requirements. Japanese requirements are estimated at approximately 5,000,000 annually. Current production is averaging 1,000,000 monthly and manufacturing capacity is approximately 1,500,000. It has been recommended that all production over and above 6,000,000 annually be considered for export.

Distribution

The Welfare Ministry, Japanese Governments, has removed "sanitary goods" from control channels and they are now classed as "open market" items, allowing the using agencies more freedom in procurement of these supplies from wholesales of retail sources. Sanitary goods consist of rubber materials, such as rubber gloves, ice caps, hot water bottles, syringes and finger cots. This is another step towards competitive open market trade in Japan.

Recent trip by medical supply division representative indicated that the prefectural health officials in many prefectures have not carried out the provisions of a directive issued by the Japanese Welfare Ministry, January 1947 to conduct a bazaar or sale of the remaining returned Japanese Army-Navy medical supplies. The prefectures visited still had a fair quantity of the above mentioned supplies. Military Government officials should exercise supervision to insure that aggressive action is taken at the prefectural level to distribute remaining stocks of former Japanese Army and Navy medical supplies. The distribution of these supplies through the medium of a bazaar has proven to be very satisfactory.

The prefectural health officials in the prefectures visited seem to have no knowledge as to the sources of medical supplies, outside of medicaments, in their prefecture, causing them to be of little or no help to the practitioners or hospitals when they request aid from them in procuring medical supplies. The Japanese Welfare Ministry is making arrangements to publish medical supply sources and other information pertaining thereto in the new Japan Medical Journal soon to be published.

Narcotics

The January narcotic report from the Japanese Government shows a decrease of 8,987 registrants from the 85,881 registered in 1946. Local wholesalers were decreased by nine since re-registration was denied in some instances because of inadequate storage facilities. The number of retail registrants declined 1,979 and is attributed to the fact that Japanese doctors habitually dispense their own preparations rather than write prescriptions to be filled by pharmacies. This has resulted in many pharmacies not stocking narcotic drugs. Registered practitioners decreased 3,679 which is explained by the fact that many veterinary surgeons and dentists are not using narcotics in their practice and did not re-register, and by the fact that some doctors were registered twice in 1946 through misinterpretation of the narcotic regulations. It is not necessary for a doctor who is registered at his office to register at a hospital in order to be able to prescribe hospital narcotics for the patients of the hospital. Exempt Narcotic Dealers decreased 3800 since the number of exempt narcotic preparations is comparatively small under the new narcotic regulations as compared to the old Japanese narcotic law.

During the month of January twelve physicians and eighteen non-registrants were arrested for violation of the narcotic laws. Two of the doctors were addicts and five of the other doctors arrested were supplying narcotics to addicts. Three of the non-registrants were addicts. Two doctors were found guilty of violating the narcotic laws during the month and fines were assessed.

The number of reported narcotic thefts in Japan increased to 51 during January. Special emphasis is being placed on preventive measures.

SCAP Narcotic Control Officers met with narcotic and agricultural representatives of the Japanese Government and the twelve prefectures authorized to produce Cannabis Sativa L. for fiber purposes. Emphasis was placed on preparations for registering and licensing producers as expeditiously as possible so that planting may be carried out at the appropriate time. Prefectural officials received instructions regarding the marihuana control regulations and were advised to pass the information to registrants, thus holding technical violations to a minimum.

Twenty-seven narcotic investigations are now being supervised and directed by the new Assistant Narcotic Control Officer, Mr. W. F. Tollenger, who reported this week to the Narcotic Control Branch, Public Health & Welfare Section, SCAP, from the Bureau of Narcotics, Treasury Department.

SECTION V PREVENTIVE MEDICINE

General

The Japanese Government is now required to report tuberculosis, pneumonia, measles and whooping cough in addition to other communicable diseases already being reported. Although the initial response has been fairly good, reports are still not being received from all prefectures. Military Government Health Officers should check to see that these reports are being made in their prefectures.

Typhus Control

Comparative Score (Includes figures of 13 March)

1946 – 7219

1947 – 523

Education

During the week of 12 March to 17 March the Metropolitan Government, Bureau of Health, Tokyo-To in cooperation with the Bureau of Education, placed on display an exhibit of posters prepared by school children of the city. These posters depict all phases of typhus control and many are exceptionally well done. The five best posters were selected from each Ku in Tokyo for the exhibit. Following the final judging of the posters, prizes for the five winning posters were presented to the outstanding contestants. This and similar displays of posters demonstrates that the typhus educational program is progressing.

Sanitation

Sanitary teams organized and assigned to typhus control dusting and spraying that are not actively engaged in these operations should extend their activities to cover certain other phases of insect and rodent control. These should include:

- Residual house spraying with pyrethrum and DDT emulsion
- DDT dusting of rat harborages
- Rodent extermination programs using ANTU
- Particular attention should be made to complete coverage of entire areas.
- Clean up programs should also be carried systematically block by block to effect complete elimination of all fly and mosquito breeding places in specific areas. In order to be effective, this work must be started well in advance of the heavy breeding season.

Port Quarantine

The questions of food, medical supplies and medical treatment aboard repatriation vessels, have been analyzed to correct any existing deficiencies. As a result of this analysis the Quarantine Section of the Disease Prevention Bureau of the Welfare Ministry has submitted a four point corrective program which has been approved and is now being put into effect. This program includes special instruction on treatment methods, issued to the Japanese doctors working with repatriates.

In connection with this program a representative of SCAP will inspect the hospital ship Takasago Maru, returning from Dairen to Sasebo, Eta 15 March.

Tuberculosis case finding efforts are being increased at Repatriation Reception Center Medical Installations. Several 35 mm. x-ray "Screening" units are being installed at Sasebo as part of this program. There units will be ready for operation on or about 15 March, from which date, chest films will be made on all incoming repatriates. Tuberculin testing of all repatriates, B.C.G. injections of "Tuberculin Negatives" are other phases of this program.

SECTION VI SOCIAL SECURITY

National Health Insurances

The Insurances Bureau of the Ministry of Welfare reports an agreement has been reached with the Medical Bureau to initiate a program for effecting a more adequate distribution of medical supplies to the Health and National Health Insurance Association hospitals and clinics. Lack of medicines has been one of the main reasons given by the Insurance Bureau for the unsatisfactory condition of many National Health Insurance Associations. With improvements in the medical supply manufacturing and a better supervised system of distribution, more adequate supply for those in need of medical care should be provided.

Workers' Accident Compensation Insurance Bill

The Ministry of Welfare this week submitted to the cabinet the proposed "Workers' Accident Compensation Insurance Bill" with the recommendation this legislation be introduced in the current session of the Diet. The Ministry of Welfare plans to follow this bill with amendments to the Welfare Pension Law's provisions relating to invalidity pensions and allowances arising from occupational accidents and diseases. Further major revision of the Welfare Pension Law is concerned with a general revamping of the procedure for appeals by individual claimants. It is proposed that facilities be markedly decentralized and made readily available for prompt consideration of all appeals.

SECTION VII

MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for the period ending 24 January 1947 shows 3066 hospitals with a capacity of 216,526 beds, 97,344 of which were occupied. During this same period 263,240 out-patients were treated.

The Scientific Congress of Japan will hold meetings in Osaka during 1 – 7 April 1947. The Congress is made up of sections including many fields of scientific endeavor and prior to the war held meetings every four years, inviting scientists from many countries to participate. Public Health and Welfare Section, SCAP has been very interested in the revival of the Congress, and their first meeting in Osaka. Several SCAP representatives will attend.

SECTION VIII CONSULTANTS

The Nutrition Sections of the Japanese Ministry of Health and Welfare and Tokyo-To were supplied samples of corn meal for their nutritionists to experiment on methods of preparing corn meal of 93% and 83% extraction into dishes adapted to Japanese tastes and methods of cooking.

The formation of a National Food and Nutrition Council under the Prime Minister was officially announced. The Council will collaborate with the Economic Stabilization Board in relation to food and nutrition.

Nutrition surveys. The following results on food consumption were obtained from nutrition surveys in February 1947 which are complete for the cities of Nagoya and Kure and their surrounding prefectures.

RESULTS OF NUTRITION SURVEYS - JAPAN - February 1947

Nutrients in grams and calories, and grams of Various classes of food consumed per capita per day.

CITY OF NAGOYA

Nagoya (Tokai) Area: Shizuoka and Aichi

CITY OF KURE

Kure (Sanyo) Area: Okayama and Hiroshima

Nutrients in Grams and Calories per Capita per Day

	Nagoya	Tokai Area	Kure	Sanyo Area
<u>Number</u>	3858	6123	1631	1698
<u>Pop. Ratio</u>				
Adult Unit	0.832	0.841	0.817	0.831
No. persons				
<u>Protein</u>				
Animal	9.2	5.2	13.9	10.0
Vegetable	46.0	49.9	43.4	46.4
Total	55.2	55.1	57.3	56.4
<u>Fat</u>	11.0	10.7	10.8	8.1
<u>Carbohydrate</u>	384.0	431.4	368.2	426.8
<u>Calories</u>				
Ration	1195*	370	910*	43
Free Market	634	136	576	60
Home Production	38	1559	267	2009
Gift	36	28	64	17
Total	1903	2093	1817	2129

* Ration increased from 2.1 go (315 grams) of staple food to 2.5 go (375 grams) 1 November 1946.

Source: Imperial Japanese Government

Grams of Various Classes of Food Consumed per Capita per Day from Nutrition Surveys – Japan – February 1947

	Nagoya	Tokai Area	Kure	Sanyo Area
<u>Grains</u>				
Rice	330.6	432.7	296.6	419.2
Wheat	40.1	31.6	80.1	9.8
Barley	8.3	47.2	25.4	42.6
Others	0.6	4.7	0.4	0.2
Total	379.6	426.2	402.5	471.8
<u>Nuts. Etc.</u>	-	0.2	0.2	0.1
<u>Potatoes</u>				
Sweet	235.0	303.0	139.1	153.0
White	7.0	4.3	32.2	5.7
Others	20.9	26.7	14.6	20.0
Total	262.9	334.0	185.9	178.7
<u>Sugars</u>	0.1	0.6	1.5	1.3
<u>Oils</u>	1.2	0.7	1.4	0.3
<u>Legumes</u>				
Soya	3.5	3.6	1.8	5.7
Soya Products	33.5	34.5	12.5	26.0
Other beans	1.8	1.1	2.2	1.7
Total	38.8	39.2	16.5	33.4
<u>Animal Foods</u>				
Fish	44.1	20.3	54.6	29.8
Meat, Poultry	8.3	1.8	6.7	2.7
Eggs	1.6	1.1	1.6	3.3
Milk	1.2	1.6	1.2	0.2
Total	55.2	24.8	64.1	36.0
<u>Leafy Green & Yellow Vegetables</u>	98.2	81.8	51.2	61.4
<u>Other Fruits & Vegetables</u>				
Citrus, Tomatoes	2.9	35.3	11.2	1.6
Other Fruits	2.4	0.1	1.7	0.8
Other Vegetables	252.7	230.5	281.0	208.1
Total	258.0	265.9	293.9	210.5
<u>Seaweeds</u>	5.1	1.3	53.0	2.1
<u>Processed Veg.</u>				
Dried	12.3	2.0	5.4	7.8
Pickled	30.0	71.2	128.0	84.9
Total	42.3	73.2	133.4	92.7
<u>Flavors</u>	32.8	28.7	37.5	12.9

SECTION IX
MEMORANDUM TO IMPERIAL JAPANESE GOVERNMENT

None

CRAWFORD F. SAMS
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 9 March 47, w/Digest
2. Venereal Disease Report for week ending 9 March 47.

**GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section**

WEEKLY BULLETIN

**For Period
16 March – 22 March
1947
Number 12**

SECTION I – General
SECTION II – Welfare
SECTION III – Veterinary Affairs
SECTION IV – Dental Affairs
SECTION V – Nursing Affairs
SECTION VI – Supply
SECTION VII – Preventive Medicine
SECTION VIII – Social Security
SECTION IX – Medical Service
SECTION X – Consultants
SECTION XI – Memorandum to I. J. G.

SECTION I GENERAL

Technical Bulletins

The following Public Health and Welfare Section Technical Bulletin was mailed with the Weekly Bulletin on 28 March:

Title: Anthrax
Short title: TB PH VET 4

Public Health Courses

During the past few months Public Health and Welfare Section, SCAP, has been re-organizing the Institute of Public Health in Tokyo in an effort to utilize this Institute for teaching public health. The Institute Building was given by the Rockefeller Foundation for the purpose of teaching public health. The present building was constructed in 1937. The Institute during its early years was devoted almost entirely to research and in 1943 the Ministry of Welfare moved into the Institute building. Since that time both teaching and research have been at a standstill.

Through the efforts of Public Health and Welfare, plans have been made and curricula have been prepared for the following courses:

Public health officers (doctors)
Public health nurses
Public health sanitarians
Public health sanitary engineers
Public health nutritionists
Public health veterinarians
Public health pharmacists

The original plans called for the opening courses for the above public health personnel on 2 April 1947. However, arrangements for dormitories and class room facilities have not been completed and it now appears that the school for public health nurses is the only one that will open on 2 April as scheduled. The remaining courses, will be delayed until about 1 May.

The Ministry of Welfare will extend invitations to the various prefectures to send the best qualified personnel as students for the various refresher courses as outlined above. The courses will be short and intensive of approximately three months duration, with the exception of the engineering and nursing courses which will be of four months duration.

These courses will be repeated continuously in order to train as many public health workers as possible. When adequate facilities for dormitories and class rooms are provided, two or more courses will be conducted concurrently. The first students for these courses should be the best available personnel. Those selected should be leaders and the key personnel in each prefectural health department. By exercising good judgment in the selection of personnel to attend these courses, it will be possible to coordinate and stimulate public health activities throughout Japan. Additional information relative to these courses will be published in this bulletin from time to time.

SECTION II WELFARE

General

Father Flanagan, founder of "Boys' Town" in Nebraska, is to visit Japan in April. Father Flanagan will be accompanied by his secretary Mr. Byron Reed.

Father Flanagan's presence in Japan will create wide public interest and will be at an opportune time since the Health and Welfare Ministry will be developing the newly created Children's Bureau.

Child Welfare

The Japanese Cabinet officially approved on 20 March 1947 the reorganization of the Health and Welfare Ministry to include a Childrens Bureau. The Childrens Bureau will consist of three (3) sections (1) Planning (2) Foster (3) mothers and Childrens Health and Sanitation.

Japanese Red Cross Society

In order to be of maximum assistance to the Japanese Red Cross in the development of their national disaster program, Miss Isabel Auld, American Red Cross Consultant, has been assigned to devote full time to disaster preparedness and relief planning and operations.

Emphasis is to be given during the coming months in the development of the Inquiry and Message Service of the Japanese Red Cross. Consultant help has been assigned to assist the Society in the development of these services on basic social service principles.

Public Assistance

Public assistance statistics for January 1947 covering each prefecture are given below for information and comparison purposes.

PUBLIC ASSISTANCE Prefectural Reports – January 1947

PREFECTURE	No. of Persons Non-institutional	No. of Persons in Institutions	Cost of Assistance in Cash	Cost of Assistance in Kind
AICHI	96,401	4,280	Yen 5,149,914	Yen 1,114,878
AKITA	50,809	1,388	2,408,204	---
AOMORI	45,058	1,957	1,946,579	---
CHIBA	40,802	4,931	2,139,805	83,954
EHIME	40,297	641	2,249,858	5,125,428
FUKUI	59,088	3,066	1,968,322	241,300
FUKUOKA	161,370	446	3,742,022	3,035,661
FUKUSHIMA	86,375	951	3,863,199	140,063
GIFU	72,057	2,746	3,171,921	2,700,814
GUNMA	65,901	685	3,340,231	74,147
HIROSHIMA	60,466	2,717	4,125,940	358,029
HOKKAIDO	69,238	2,621	5,221,405	378,351
HYOGO	122,267	1,519	7,419,884	972,444
IBARAKI	59,575	1,939	3,830,162	70,805
ISHIKAWA	41,746	1,899	1,960,548	168,524
IWATE	57,371	285	2,621,706	301,459
KAGAWA	29,945	4,633	1,572,689	258,121
KAGOSHIMA	122,265	155	4,669,630	276,284
KANAGAWA	45,665	5,772	4,467,837	141,742
KOCHI	120,586	457	1,927,132	58,158,000
KUMAMOTO	42,227	1,289	2,164,344	123,121
KYOTO	78,703	3,169	4,919,751	151,549
MIE	35,602	466	2,175,916	58,131
MIYAGI	56,527	749	2,482,363	60,484
MIYAZAKI	36,235	1,234	1,601,014	61,445
NAGANO	93,180	550	4,754,249	26,350
NAGASAKI	35,588	493	2,290,754	---
NARA	22,725	269	1,225,289	21,156
NIIGATA	77,694	6,662	3,980,740	147,204
OITA	21,868	2,179	1,185,197	9,543,119
OKAYAMA	40,214	3,698	2,216,933	169,073
OSAKA	134,596	9,600	6,934,800	51,803
SAGA	28,228	381	2,400,018	1,857,939
SAITAMA	59,699	570	2,409,853	339,175
SHIGA	33,972	307	1,031,120	514,467
SHIMANE	33,857	1,263	2,132,403	---

SHIZUOKA	54,454	3,459	3,613,968	86,729
TOCHIGI	32,575	267	1,299,742	42,119
TOKUSHIMA	31,445	471	1,950,736	58,970
TOKYO	151,252	15,235	22,393,027	423,106
TOTTORI	30,442	569	3,589,680	102,456
TOYAMA	39,094	436	2,310,186	580,642
WAKAYAMA	41,143	134	4,471,610	114,692
YAMAGATA	57,858	544	4,370,752	57,764
YAMAGUCHI	51,115	2,957	3,379,974	3,022,565
YAMANASHI	23,216	116	1,178,465	190,634

SECTION III VETERINARY AFFAIRS

Field Surveys

Representatives of PHW, SCAP conducted the following field surveys.

SHIMANE PREFECTURE

Livestock

The dairy cattle population is decreasing and draft cattle increasing. Shortage of concentrate feed is the cause.

Animal Disease Control

Animal disease control measures are effective. The 1946 Tuberculin test is being completed this month and a program for the 1947 test has been initiated. Plans have been completed to immunize all dogs against rabies.

Meat Inspection

Inspection is being maintained in all slaughter houses, but inspection methods lack uniformity. Proper ante and post mortem procedure was demonstrated.

Dairy Inspection

Dairy farms and milk plants are receiving a monthly inspection and the "Score Card System" is being utilized. Pasteurization is faulty in that crudely fashioned autoclaves without adequate temperature controls are in use.

Summary

Where defects were found to exist, responsible officials were directed to take corrective action. The Public Health of the Military Government Team has inaugurated a satisfactory surveillance program with reference to veterinary affairs.

MIE PREFECTURE

Livestock

Native draft cattle are in good condition. However, dairy cattle are underfed due to grain shortage.

Animal Disease Control

Measures for the control of animal diseases are effective. The 1946 Tuberculin test was completed and plans are underway for the 1947 test. The immunization of dogs against rabies will commence shortly.

Meat Inspection

Inspection is maintained in all slaughter houses but ante and post mortem procedure is faulty because insufficient areas in the carcass are examined. Proper inspection methods were demonstrated. Sanitation is satisfactory except in the disposal of wastes. Many pits have inadequate walls and covers.

Dairy Inspection

The "Score Card System" is being satisfactorily utilized. Health examination of personnel is being practiced. Sanitation is satisfactory except in the matter of disposal of wastes. Manure piles and disposal pits are frequently neglected. Pasteurization of milk by means of autoclave method is universal.

Summary

The quality of native draft cattle slaughtered for meat is the best observed in Japan.

Where defects were found to exist, responsible officials were directed to take corrective action.

The Public Health Section of the Military Government Team is exercising excellent surveillance over the Prefecture veterinary service.

Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following new outbreaks of disease during the period 12-22 March 1947.

<u>Prefecture</u>	<u>Disease</u>	<u>Cases</u>
Yamagata	Anthrax	1
Tokyo	Swine Erysipelas	3

SECTION IV DENTAL AFFAIRS

The total production of dental materials for the month of February amounted to 2,963,565.55 yen.

The value of instruments produced for the same period was 3,236,307.40 yen.

SECTION V NURSING AFFAIRS

Education

The model Demonstration College of Nursing will have its first graduation exercise 27 March 1947 at 0930 at the Central Red Cross Hospital. There are 71 candidates for graduation.

Two Institutes for nurse will be held in Kyusyu in May, one in Fukuoka 5 – 10 May and one in Kumamoto 12 – 17 May inclusive.

The four months course sponsored by the National Institute of Public Health to train 1500 Public Health Nurses in Japan will open 2 April 1947. This course is planned for the overall program in public health and is to prepare the nurse to be of greater value to her community and Public Health doctor. This course is arranged for 50 nurses the first month and each additional two months 50 more will come until the entire 1500 have received this training. It will give each nurse theoretical work, demonstrations and six weeks of field work in an urban or rural health center. The Institute of Public Health is asking for Public Health Nurses in key positions to be selected and sent in first. Only those who have met the qualifications set up by the Japanese staff are to be selected.

SECTION VI SUPPLY

Distribution

Korean civilian needs are currently being satisfied in three fields. First, a shipment is being prepared for air transportation of supplies to help keep the Seoul Dental College from discontinuing operation. Secondly, to enable the vaccine production program to be continued, phenol and peptone are being supplied by air, phenol from Japan and the United States, and peptone from the United States. Thirdly, four shipments of 40 CAD Reserve Medical Units will be enroute by the end of next week. Two of the total of four shipments has already left Japan, one is leaving this week, and one, the final, is to leave before the end of next week. All of these supplies are of an emergency nature to alleviate supply deficiencies until shipments are received under regular import programs.

Sanitary materials such as gauze, absorbent cotton and bandages, manufactured from cotton imported from the United States, will soon be distributed to all prefectures in Japan through controlled channels. The selling prices of the above have been agreed upon and will become official when published in the Japanese Official Gazette. It is contemplated that publication of the above will be made before 31 March 1947. Reports from the Sanitary Material Company indicate a fair distribution of sanitary materials produced from stocks of Chinese cotton remaining on hand.

Production

The Welfare Ministry approved releases of DDT products and typhus vaccine as follows during week 17 – 22 March:

<u>Prefecture</u>	<u>10% DDT</u>	<u>Residual Effect Spray</u>	<u>Typhus Vaccine</u>
Aomori	5000 lbs		
Akita	5000 "		
Iwate	15,000 "		
Kanagawa	32,000 "	1605 gallons	20,000 vials
Shimane	2,500 "	150 "	250 "
Ibaragi			1,000 "
Tokyo			10,020 "
Hokkaido		30,000 "	
Kagawa		3,700 "	
Nagano		700 "	
Transportation Ministry	6,000 "	30,000 "	

Quantity released to the Transportation Ministry will be utilized on rail-roads throughout Japan.

Decision has been made to provide Korea with the below listed quantities of X-ray film monthly from Japanese production.

<u>Size</u>	<u>Quantity</u>
14 x 17	7200
10 x 12	7200
1 1/4 x 1-5/8	600 (Dental film)
35 mm film	1500 rolls

The above quantities have been tentatively established as minimum monthly requirements for Korea. Japanese production is being stimulated to meet this demand. This plan will become effective for the month of May.

Monthly report of the Welfare Ministry indicates production of principal biologicals during February as follows:

<u>Vaccine</u>	<u>Production</u>		<u>Stock on Hand 28 Feb.</u>	
	<u>Crude Vac.</u>	<u>Finished Vac.</u>	<u>Crude Vac.</u>	<u>Finished Vac.</u>
Cholera Vaccine	544,000 cc	26,000 cc	1,321,730 cc	279,840 cc
Typhus Vaccine	0	2,450,664 cc	0	5,694,175 cc
Plague Vaccine	0	0	0	562,800 cc
Triple Typhoid				

Vaccine	1,734,000 cc	787,000 cc	6,025,525 cc	1,645,800 cc
Smallpox Vaccine	444,000 ds.	3,910,330 ds.	23,520,100 ds.	2,505,110 ds.
Whooping Cough Vaccine	0	427,180 cc	0	0
Diphtheria Anti-toxin	0	1,900 cc	0	560,239 cc
Diphtheria Toxoid	0	400,000 cc	0	429,010 cc

Production of all vaccines continues to be satisfactory. Typhus Vaccine production exceeded all previous monthly productions. Production of typhus vaccine during December 46, January, February and March 47 will approximate 8,000,000 cc. This quantity is almost adequate for annual requirements of Japan. Additional assay studies of Japanese produced typhus vaccine are being made and provided results are favorable, further importation will not be necessary.

Monthly report of the Welfare Ministry indicates yen value of production of medical supplies during February 47 as follows:

Distribution Controlled Medicines	yen	42,641,255
Non-controlled medicines		50,584,897
Patent medicines		93,740,732
Biologicals		10,366,022
Dental Materials		2,963,565
Sanitary Materials		1,793,195

These figures represent a small reduction as compared with December 46 and January 47 production. This is attributed to an acute shortage of electric power and coal throughout Japan during February. The production of Distribution Controlled Medicines during February was larger than any previous monthly production. This is an increase of approximately 26,000,000 yen over December 46 and approximately 12,000,000 yen over January 47. Continued emphases is being placed on increasing production of this category of medicines.

Monthly report of the Welfare Ministry indicates production of Insect and Rodent Control Supplies during February 47 as follows:

Antu (rat poison)	3,934,778 (3 gm packages)
Nekoirazu (rat poison)	2,723 kg
Rat Traps, spring type	30,000 each
10% DDT Dust (mixed and milled with American furnished DDT concentrate)	682,690 lbs.
5% DDT Residual Effect Spray (From American furnished DDT concentrate)	50,046 gallons
10% DDT Dust produced in Japanese factories from Japanese produced concentrate	175,000 lbs.
Pyrethrum Emulsion	0
DDT Dusters and Spraying Equipment	0

The production of rat poisons during February represents an increase of approximately 35% over January and the preceding six (6) months. This production was increased due to reports from Military Government personnel that shortages exist in prefectures. Military Government personnel must encourage local prefectural health officials to educate the populace in order that the people will understand the need for rat poisons and will accordingly purchase needed quantities willingly.

Production of DDT products from American furnished DDT concentrate represents a 1000% increase over January production. This program was initiated on 14 January and numerous difficulties were resolved during the remainder of January, hence the excellent production during February.

Production of pyrethrum emulsion will be started during April in order that larvaciding may be initiated during May. Extraction of pyrethrin content from pyrethrum flowers, the first process in manufacturing, has been progressing during the past three months and finished spray production will be started early in April.

The factories engaged in production of DDT dusters and spraying equipment are assembling raw materials for this production. Allocation of raw materials for a large production program, indicated below, has been made and production will be started during the month of April.

Production Program for 1947

DDT Dusters	100,000
Sprayer, Knapsack, 3 gallon	50,000
Sprayer, Semi-automatic, pump type	20,000
Sprayer, Hand, 1/2 gallon	50,000

Narcotics

A Japanese national who was reported during the latter part of 1946 and the early part of 1947 to be posing as a narcotic official for the purpose of obtaining narcotics from hospitals, was arrested 12 March 1947. The investigation showed the Japanese doctor had been wearing a GHQ shoulder patch and had a name card with "Public Health & Welfare Section GHQ" written thereon. The doctor was an addict and was not placed in jail, pending the completion of the investigation which involved several more registrants who had furnished him narcotics. On the night of 18 March, the doctor committed suicide at his father's home in Osaka. Military Government Teams should warn all hospitals that only those persons having with them official identification as a narcotic official should be allowed to inspect narcotic records and stocks.

A recommendation that morphine tartrate syrettes 1/4 and 1/2 grain and morphine sulfate tablets 1/2, 1/4 and 1/8 grain be substituted for bulk morphine hydrochloride on the import program has been accepted. Likewise codeine sulfate tablets 1/2, 1/4 and 1/8 grain and codeine hydrochloride powder 1/4 and 1 oz. bottles will be substituted for a portion of the codeine import program. Dihydrohydrocodeinone, which was formerly used in the preparation of Pavinal, a Japanese trade name for a codeine preparation, has been removed from the import program since codeine phosphate or sulfate, basic narcotic drugs, can be used in place of a highly advertised narcotic preparation. Tropococaine, which it has been determined can easily be substituted for by procaine as a lumbar anesthetic, has been likewise removed from the import program.

Annual Narcotic Statistical Report forms for Japan and Korea, which are being forwarded to Washington, clearly show the advantage of the Narcotic Control Program in Japan operating under new narcotic regulations. Consumption figures for the latter half of 1946 were easily determined, whereas prior to that time consumption figures were merely estimates.

SECTION VII PREVENTIVE MEDICINE

Tuberculosis Control

During the past month, the Welfare Ministry, Bureau of Chronic Diseases, presented a plan for the control of tuberculosis in Japan. This plan has been approved by SCAP and if carried out as planned, will augment and extend the work in the control of tuberculosis. It will include enlargement and improvement on both local and governmental levels with assignment of full time trained personnel in the Health Centers in control of tuberculosis, the establishment of lay organizations to assist in the care of the tubercular patient both at home and in the hospital, further refresher courses for the practitioners and nurses, public education and publicity on tuberculosis and revision of the anti-tuberculosis act.

Sanitation

Due to a general breakdown in the routine garbage and refuse collection services in Japan and subsequent indiscriminate dumping by the individual, official and semiofficial garbage collectors, there are wide spread accumulations of garbage and litter in the streets, public parks and vacant lots. With the coming of summer this material will afford an enormous amount of fly breeding. Sanitary teams should be started immediately on a city wide clean-up program, with emphasis on the removal and disposal of organic matter.

This can be accomplished in many instances by digging a pit in the area and collecting the material in baskets and dumping into the pit after which it is covered over. Particular attention should be paid to removing the trash and debris from ditches and drains.

This type of clean-up program should be supplemental to the regular collection and street sweeping services and used primarily to get rid of backlog of trash and refuse.

Venereal Disease Control

The following table is a summary of the information submitted by military government health officer in twenty-four (24) prefectures of Japan.

Location of Public Out-patient Clinics	Number of Venereal Disease Out-patient Clinics now operating Feb.1947	Additional Number of Public V.D Out-patient Clinics to be in operation by 1 June 1947
In Prefectural Health Centers	35	53
In Municipal Health Centers	26	17
In Municipal Hospitals	24	7
In Prefectural Hospitals	13	11
In National Hospitals	34	4
In Medical School Hospitals	17	3
In other locations (state where)	39	5

Medical schools will, of course, conduct clinics in this work. National hospitals have been conducting clinics for special groups even before the present program began. These hospitals should also operate their clinics being developed, although, in general, they are located in areas too remote to be useful as out-patient clinics. Private agencies cannot be entrusted with the entire responsibility for venereal diseases control.

Typhus fever

Comparative score: (Includes figures of 20 March)

1946 - 9,405
1947 - 546

Results of complement-fixation tests on serum samples taken from reported cases of typhus.

Prefecture	No. of Cases Reported since 1 Sept. 46	No. of Determinations	Results			
			Epidemic	Murine	Doubtful	Neg
Tokyo	137	55	2	19	7	27
Aichi	128	70	2	51	3	14
Hokkaido	77	24	22	0	0	2
Hyogo (Kobe)	59	36	3	23	2	9
Osaka	35	23	No. Lab. Report			
Niigata	28	9	"	"	"	
Gifu	19	5	0	3	0	2
Nara	12	10	0	10	0	0
Miyagi	12	1	1	0	0	0

A letter of instruction concerning the collection of blood specimens from all typhus cases reported since 1 September 1946 has been sent to each prefectural health office from the office of the Ministry of Welfare in Tokyo. Blood samples from such cases will be sent in to Tokyo as soon as possible. Samples should be sent to Maj. T. O. Berge, 406th Medical General Laboratory, APO 500, by the most expeditious route.

SECTION VIII SOCIAL SECURITY

Health Insurance

Provided the recommended change in the Health Insurance Act are enacted by Diet, the length of time employees are eligible for benefits, after becoming unemployed, will be extended.

National Health Insurance

A recent survey revealed a prefectural insurance office had not contacted any of the suspended associations in an effort to ascertain the reasons for suspending operation, or to assist them in reorganizing, indicating erroneous reporting on non-active associations. Steps are being taken to obtain more comprehensive information on associations in this group.

SECTION IX
MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for the period ending 31 January shows 3067 hospitals with a capacity of 216,851 beds, 96,619 of which were occupied. During this same period 277,168 out-patients were treated.

SECTION X
CONSULTANTS

Nutrition Affairs

The Department of Public Health and Welfare, Military Government in Korea is planning to conduct a nutrition survey in several of the Korean hospitals.

At present "low cost feeding" and "prison dietaries" are under study. A class of nurses are experimenting on the proper preparation in use of American released foods. A book will be published as a guide for use in Korea Hospital.

The Nutrition Consultant will present a paper on "Nutritions in Medicine" at the meeting of the Japanese Medical Congress in Osaka in April.

RESULTS OF NUTRITION SURVEYS - JAPAN
FEBRUARY 1947

Nutrients in grams and calories, and grams of Various classes of food consumed per capita per day for following

City of Tokyo, Kanto (Tokyo Area of 7 Prefectures*), City of Fukuoka
Kyusyu (Fukuoka Area of 3 Prefectures**),
Average of 4 cities of Nagoya, Osaka, Kure and Fukuoka

Nutrients in Grams and Calories per Capita per Day

	City of Tokyo	Kanto (Tokyo Area) 7 Pref.	City of Fukuoka	Kyusyu (Fukuoka Area: 3 Pref.)	Four Cities
<u>Number</u>	13,316	18,971	2173	3116	13,849
<u>Pop. Ratio</u> <u>Adult Unit</u> No. Persons	0.934	0.844	0.830	0.820	0.826
<u>Protein</u>					
Animal	16.4	3.3	15.5	6.2	11.7
Vegetable	41.5	5.5	49.6	45.8	45.3
Total	57.9	5.8	65.1	52.0	57.0
<u>Fat</u>	10.2	10.6	11.1	9.5	10.0
<u>Carbohydrate</u>	388.2	478.3	380.5	409.1	371.0
<u>Calories</u>					
Ration	934	95	1187	76	1202
Free Market	924	31	680	49	562
Home Production	19	2170	23	1868	48
Gift	44	3	41	11	34
Total	1921	2299	1931	2004	1846
<u>Grains</u>					
Rice	285.6	377.4	293.5	370.3	322.4
Wheat	47.1	35.7	109.9	23.9	67.1
Barley	5.1	54.8	4.0	16.6	10.9
Others	1.6	11.8	0.7	3.9	0.7
Total	339.4	479.7	408.1	414.7	401.1
<u>Nuts. Etc.</u>	0.3	0.2	----	----	0.02
<u>Potatoes</u>					
Sweet	394.3	293.0	143.3	294.1	143.4
White	28.5	21.2	1.7	1.7	9.5
Others	11.2	33.7	4.6	24.2	13.5
Total	434.0	347.9	149.6	320.0	166.4
<u>Sugars</u>	1.2	0.2	1.0	2.2	0.7
<u>Oils</u>	0.8	0.6	2.5	0.4	1.5
<u>Legumes</u>					
Soya	1.5	3.3	0.7	1.5	3.1
Soya products	16.2	53.5	28.4	48.6	23.2
Other beans	2.3	3.4	2.3	0.5	1.8
Total	20.0	60.2	31.4	50.6	28.1
<u>Animal Foods</u>					
Fish	60.5	13.3	112.8	22.1	52.3

Grams of Various Classes of Food Consumed per Capita per
Day from Nutrition Surveys – Japan – Feb. 1947

	City of Tokyo	Kanto	City of Fukuoka	Kyusyu	Four Cities
<u>Animal foods (cont'd)</u>					
Meat, Poultry	5.8	0.8	6.7	3.0	7.6
Eggs	1.6	0.7	2.2	1.5	1.8
Milk	0.6	0.3	1.2	0.4	0.8
Total	68.5	15.1	122.9	27.0	62.5
Leafy, Green & Yellow Veggies.	69.3	97.8	64.7	76.1	64.4
<u>Other Fruits & Vegetables</u>					
Citrus, Tomatoes	4.3	1.5	9.4	1.1	7.8
Other fruits	1.5	0.3	1.1	0.04	2.1
Other Veggies.	138.7	183.7	357.7	208.9	228.0
Total	144.5	185.5	368.2	210.0	237.9
<u>Seaweeds</u>	5.5	1.3	6.5	1.2	12.6
<u>Processed Veggies.</u>					
Dried	1.1	2.8	3.4	3.1	7.6
Pickled	47.2	87.4	87.6	71.8	61.2
Total	48.3	90.2	91.0	74.9	68.8
<u>Flavours</u>	16.8	15.0	30.0	26.6	28.0
<u>Others</u>	1.5				
	(Konnyoku)				

* Ibaraki, Tochigi, Gunma, Saitama, Chiba, Tokyo and Kanagawa.

** Fukuoka, Saga and Kumamoto.

Source: Imperial Japanese Government.

SECTION XI
MEMORANDA TO IMPERIAL JAPANESE GOVERNMENT

PHMJG-14 17 March 1947 – Approval of Program for Anti-Tuberculosis Control

PHMJG-15 17 March 1947 – Physical Examination, Immunization, and Medical Cars of Japanese Nationals Employed for the Occupation Forces.

CRAWFORD F. SAMS
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 15 March 47, w/Digest
2. Venereal Disease Report for week ending 15 March 47.

**GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section**

WEEKLY BULLETIN

**For Period
23 March – 29 March
1947
Number 13**

SECTION I – Welfare
SECTION II – Veterinary Affairs
SECTION III – Nursing Affairs
SECTION IV – Supply
SECTION V – Preventive Medicine
SECTION VI – Social Security
SECTION VII – Medical Service
SECTION VIII – Vital Statistics
SECTION IX – Consultants
SECTION X – Memorandum to I. J. G.

SECTION I
WELFARE

Public Assistance

The following incomplete report (41 prefectures) covers the Public Assistance statistics for February 1947:

Individual persons assisted (Institutional & non-institutional)	2,496,623
Total relief cost (grants in cash and kind)	159,768,673 yen

School Lunch Program

Children attending those schools serving school lunches are required to pay a small fee for each meal they consume. Children from families which are receiving aid under the Daily Life Security Law receive their meals under one of the two following plans:

- (1) Family cash relief allowance is raised in an amount to cover school lunch cost of each child participating and the child in turn pays for each meal.
- (2) School makes no charge for such lunches served and receives refunds covering these lunches, upon requisition, from the Prefectural Welfare Bureau.

Note: Either one of these plans is optional. However, all reports indicate that (1) is proving more satisfactory since it eliminates the school waiting a period of many weeks for refunds and the child (under the cash system) is not subjected to whatever stigma might develop from being in a free (charity) lunch category which would be obvious with segregation with in the school.

SECTION II
VETERINARY AFFAIRS

Monthly Meat Inspection Report

Following is a summary of the monthly meat inspection report for January 1947, submitted by the Ministry of Welfare:

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep & Goats</u>	<u>Swine</u>	<u>Horses</u>
Number slaughtered	30751	588	602	8493	6954
Condemned Ante-mortem	2	0	0	0	3
Condemned Post-mortem					
Total	7	1	0	0	4
Partial	287	5	0	31	221
Viscera	5563	33	0	2574	630

Monthly Dairy Inspection Report

Following is a summary of the monthly daily inspection report for January 1947, submitted by the Ministry of Welfare:

Special Milk

<u>Farm Inspections</u>	2
Samples examined	2
Over bacterial standards (50,000 per cc)	0
Under butterfat standards (3.3 percent)	0
<u>Plant Inspections</u>	4
Over bacterial standards (50,000 per cc)	0
Under butterfat standards (3.3 percent)	0

Ordinary Milk

<u>Farm Inspections</u>	6292
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Samples examined	8137
Over bacterial standards	277
Under butterfat standards	938
<u>Plant Inspections</u>	4765
Over bacterial standards	142
Under butterfat standards	551

Goat Milk

<u>Farm Inspections</u>	29
Sample examined	60
Over bacterial standards (2,000,000 per cc)	4
Under butterfat standards (3.0 percent)	5

Monthly Animal Disease Report

Following is a summary of the monthly animal disease report for February 1947, submitted by Ministry of Agriculture and Forestry.

<u>Disease</u>	<u>No. of cases</u>
Anthrax	1
Trichomoniasis	96
Brucellosis	2
Swine Erysipelas	1
Texas Fever	2
Rabies	1
Strangles	75
Equine Infectious Anemia	27
Pullorum Disease	2063

Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported that no new outbreaks of disease occurred during the period 23 – 29 March 1947.

SECTION III NURSING AFFAIRS

Education

The Model Demonstration College of Nursing held its first graduation exercise 25 March at the Central Red Cross Hospital.

Sixty three received certificates for the four year course, 150 Red Cross Hospital Nurse received certificates for the two year course which is being discontinued. Of these 150, 80 are remaining to complete the four year course.

Surveys of the femning four prefectures in Kyusyu have been finished, which complete 44 of the 46 in Japan.

SECTION IV SUPPLY

Distribution

Since the Japanese Government assumed responsibility for distribution of DDT on 1 March 1947, releases from regional warehouses have averaged approximately 100,000 lbs. of DDT dust per week. Sizeable quantities of residual effect spray also are being released. It is essential that supervision be exercised by Military Government officials to insure that DDT products are not being disposed of through unauthorized channels and that prefectures do not accumulate stocks grossly in excess of requirements.

Production

The Welfare Ministry approved release of 10% DDT, Typhus Vaccine and 5% DDT Residual Effect Spray during the period 24 – 29 March as follows:

<u>Prefecture</u>	5% DDT Residual		
	<u>10% DDT Dust</u>	<u>Typhus Vaccine</u>	<u>Effect Spray</u>
Tochigi	50,000 lbs.		
Oita	4,000 lbs.	200 vials	
Saitama	40,000 lbs.	15,000 vials	15,000 gallons
Hokkaido		4,500 vials	
Agriculture & Forestry Ministry	970 lbs.		

Production and distribution of DDT products continues to be satisfactory. The following indicates total quantities now stored in Japanese depots and factories throughout Japan.

10% DDT Dust	1,768,141 lbs.
5% DDT Residual Effect Spray	150,059 lbs.
American Typhus Vaccine	180,805 lbs.

Preliminary investigation to determine manufacturing capacity of DDT concentrates in Japan indicates an assured capacity of 33 tons monthly. The actual production depends upon availability of necessary raw materials. A study is in progress with a view to increasing Japanese production to a maximum. Provided production is favorable, reductions will be made in current import programs. Assay procedures for DDT are concurrently being established.

Narcotics

The Osaka Appeal Court handed down sentences on twelve defendants in the Wakayama Opium Case (7.5 tons of smuggled opium seized in February 1946). Eight sentences imposed by the Wakayama Local Court were unsatisfactory to the Government and were appealed. Four defendants appealed from the decision of the lower court. In all twelve cases the Osaka Appeal Court imposed either the same sentences as the local court or heavier ones. No suspended sentences were imposed and all dependents were sentenced to penal servitude for periods varying from 6 months to 3 years.

Inspections of registered local wholesale houses by Narcotic Control Officers revealed that proper security is not being afforded narcotics in many instances. Large stocks are now held by most of these dealers who were warned that loss of narcotics by fire or theft because of failure to follow security instructions will probably result in the Japanese Ministry of Welfare canceling the dealer's license.

A field trip through Central Honshu revealed that Japanese narcotic inspectors are in many instances limiting their activity to superficial inspections of registered dealers' stocks and records. The Ministry of Welfare is being directed to issue the following instructions to all prefectural narcotics officials.

- (1) Inspections must be carefully made not only to instruct the registrant in proper procedure under the narcotic regulations, but also to obtain information for further investigations.
- (2) Narcotic addicts must be questioned or kept under surveillance for the purpose of obtaining information.
- (3) All possible sources of information must be the subject of careful investigation.

SECTION V PREVENTIVE MEDICINE

General

Recent receipt of several radio and telegraphic reports of serious epidemic diseases, upon investigation, have been found to be without basis. In some cases this has been found to be the fault of the transmitting agency, however, Health Officers should check the text of all such reports at their point of origin, so as to minimize the possibility of error.

Military Government health officers should investigate personally or directly supervise the investigation of reports of new outbreaks of epidemic diseases, particularly if the disease has not been reported for a considerable period or if there is a likelihood that the diagnosis may be erroneous or doubtful.

Typhus Control

Comparative Score (includes 27 Mar 47):

1946 - 12, 254
1947 - 569

During March over 2,500,000 persons were immunized in the commuters' vaccination programs approved for the Tokyo and Kobe-Osaka Areas. The response exceeded the initial estimates for the program considerably.

The Preventive Medicine Bureau, Ministry of Welfare, proposes to have a National Health Poster Contest in May on subjects of typhus and other public health diseases in which the primary school children have received instruction. The Prefectural Health Poster Contests (already held or to be held) will result in selection of about 10 of their best posters by the end of April. These local selections are to be forwarded to the National Contest. Appropriate prizes and perhaps trips are to be given the winners.

Port Quarantine

REPATRIATION: The Ports of Maizuru and Hakodate have been ordered reactivated to resume the repatriation of Japanese from Siberia and Sakhalin.

The lists of the Japanese in Dairen are now being embarked for Japan. With the completion of this phase of repatriation, Hakata will be closed.

Weekly Reports of Incoming Quarantinable Disease:

Week of 9 March to 15 March 1947

Negative Report

Week of 16 March to 22 March 1947

Negative Report

Tuberculosis Control

Reference is made to Section VII, Public Health and Welfare Weekly Bulletin Number 12, which announced SCAP approval of the Ministry of Welfare's plan for tuberculosis control in Japan. Approval of the proposed program was confirmed by memorandum for Ministry of Welfare, Imperial Japanese Government (PHMJG-14) dated 17 March 1947.

For the information of all concerned the full text of the outline for tuberculosis control, as presented, is quoted below.

Outline of Program for Tuberculosis Control in Japan (as presented by Welfare Ministry)

1. Strengthening the System of Tuberculosis Control.
 - a. Strengthening the Organization of Tuberculosis Control.
 - (1) Central Government
 - (2) Local GovernmentTo increase the number of the members in charge of T.B. control.
 - b. Advisory Council
 - (1) Central Government
 - (a) Central committee for tuberculosis control.
Sub-committee
 - (b) Liaison committee
 - (2) Local Government
Local Government for tuberculosis control.
 - c. Improvement and Expansion of System of T.B. control.
 - (1) Improvement of the functions of health centers.
 - (a) Stationing the full time members in charge of T.B. control.
A physician, two clerks and two public nurses in charge of T.B. control per 50,000 population will be stationed at health centers (or branches).

- (b) Branches of health centers.
 - (2) Establishment of T.B. Care Committee in a city, town and village. This committee will take charge of the following matters.
 - (a) Diffusion of knowledge of T.B. Control.
 - (b) Guidance in a mode of living for T.B. control.
 - (c) Help for entering sanatoriums.
 - (d) Care for T.B. cases at home and supply of nutrition.
 - (e) After care for T.B., cases released from sanatorium.
 - (f) Livelihood protection of T.B. cases.
 - (3) Strengthening the activities for T.B. control in a ##### town and village.
 - (4) Establishment of close contact of health centers with sanatoriums and encouragement of the members of sanatoriums to do field work for T.B. control.
 - (5) Co-operation with Physicians Association, Dentist's Association, Pharmacist's Association and Public Nurse's Association.
 - (6) Co-operation with National Health Insurance Society, Farmer's Union, Labor's Union, etc.
 - (7) Mass Examination.
 - (a) Range of aged of the persons to be examined.
 - Young persons of 6 to 29 years of age.
 - 1. Tuberculin test.
 - 2. X-ray examination.
 - 3. Close examination.
 - (b) Materials
 - Remarks: X-ray machinery in health centers and X-ray automobile.
 - (1) Guidance and Observation of T.B. cases at home.
 - (2) Medical examination and instruction of the family of T.B. cases.
 - (3) Enforcement of notification of T.B. cases.
 - (For this purpose supply of nutrition to notified cases is to be considered).
 - (4) Close contact of health centers may be available by practitioners.
2. Improvement and Increase of Sanatoriums and their Accommodations.
- a. Beds
 - 80,000 beds are necessary.
 - (48,050 beds are granted by the budget for 1947).
 - b. Nutrition.
 - 2,400 calories should be granted per a day for a case in sanatorium.
 - (About 90 grams of protein and about 30 grams of fat are necessary for a T.B. case per day.)
 - c. Improvement of the patient's daily life in sanatorium.
 - d. Transportation of T.B. cases.
3. Improvement of the technique of the persons relating to T.B. control and treatment.
- a. Investigation of T.B.
 - (1) Fundamental investigation.
 - (2) Investigation of the methods of T.B. control.
 - (3) Investigation of T.B. treatment.
 - (4) Investigation of nutrition for T.B. cases.
 - (5) Study of social and economic problems of T.B.
 - (6) Establishment of model district of T.B. control
 - (7) Study of management of sanatoriums.
 - b. Providing manual of prevention, diagnosis and treatment of T.B.
 - c. Course for Retraining
 - (1) Administration and method of T.B. control.
 - (a) Central Government
 - Course for the prefectural medical officers in charge of T.B. control will be held in Tokyo.
 - (b) Local Government.
 - 1. Course for prefectural members (including physicians) engaging in T.B. control will be held in each prefecture by the medical officer in charge of T.B. control respectively.
 - 2. The medical officer in charge of T.B. control in health centers will held courses in T.B. control for the care committee.
 - (2) Treatment of T.B.
 - (a) Central Government
 - 1. Course for representatives of the physicians of principal sanatoriums in each prefecture will be held in Tokyo.

(b) Local Government

1. Course for the physicians and nurses in sanatoriums will be held in each prefecture by the above mentioned representatives.

2. Course for the members (including physicians) engaging in T.B. control will be held by the representatives mentioned in paragraph (a).

3. Courses for practitioners.

Courses for practitioners will be held by Physician's Association, with the Government subsidy.

Lecturers will be sent also from the Central Government.

a. Formation of leaders in T.B. control.

4. Publicity and Public Education.

a. Strengthening the Functions of Anti-tuberculosis Bodies.

(1) Strengthening and making the best use of Japanese Anti-tuberculosis Associations. The Japanese Anti-tuberculosis Association shall be the center of such bodies.

(2) Strengthening and making the best use of other anti-tuberculosis bodies.

(3) Formation of female anti-tuberculosis committee.

(a) Organization.

1. Central --- Central Female Anti-tuberculosis committee.

2. Local --- Local Female Anti-tuberculosis Committee in each prefecture and branch in a city, town and village.

(b) Aims.

Diffusion of anti-tuberculosis knowledge and application of the knowledge. Help for T.B. care committee.

b. Diffusion of Anti-tuberculosis Knowledge through Schools.

T.B. shall be included in teaching subjects of school. Anti-tuberculosis education of the families through school-children. Guidance of a made of living for T.B. control through older school children.

5. Inoculation of BCG

a. Range of ages of the persons to be inoculated. Persons of 6 to 29 years of age, showing negative tuberculin reaction shall be inoculated with BCG.

b. Production of BCG.

Manufactories of BCG will be increased, if necessary.

Remarks: Two manufactories at present.

6. Revision and Amendment of Anti-tuberculosis Act.

Venereal Disease Control Reports

The following is a summary of venereal disease control reports submitted by Military Government health officers throughout Japan. It represents the first compilation of such data for all of Japan.

The period covered, probably represents the situation during the last months of 1946, since most of the reports were received during December and January. This is the period during which the present program was just beginning. The majority of the reports used December 1946 as the current month described.

No distinction can be made between public and private patients, between prostitutes and patients in the general population, and between facilities offering just periodic examination and those also furnishing treatment.

At the time these reports were made there were very few public treatment facilities for the general population. Total population reported - - 72,344,384.

Hospital facilities for venereal disease patients

National Hospitals	40	Average beds occupied	790
Prefectural Hospitals	79	" " "	1855
Municipal and local hospitals	37	" " "	317

Out-patient facilities for venereal disease patients

National	9	Average beds occupied	77
Prefectural	214	" " "	3117
Municipal	45	" " "	515

Classification by Disease: (9 prefectures reported data not available).

<u>Disease</u>	<u>Previous Month</u>	<u>Month of the Report</u>
Gonorrhoea Acute	3444	7137
Chronic	3924	1875
Ophthalmia	11	4
Syphilis Primary	2442	1571
Secondary	1440	1376
Early Latent	1880	896
Late Latent	443	332
Late	131	102
Congenital	45	28
Chancroid	1156	1851
Lymphogranuloma Venereum	36	41
Granuloma Inguinale	12	10

Sex of Patient: (5 prefectures were unable to furnish this data.)

Males 15,878
Females 14,223

Occupation of Patients: (12 prefectures were unable to furnish this data.)

Prostitutes 4946
Entertainers 212
No Occupation 3177
Factory Worker 746
Clerks 1189
Farmers 2275
Sailors 145
Waitresses and Cooks 334
Fishery 325
Laborers 785
Railroad 140
Domestics 22
Others 561

Sources of Infection: (17 prefectures were unable to furnish this data. Eight of these started "prostitutes were the chief source".)

Commercial 6584
Clandestine prostitutes 1462
Friends 417
Husbands 1241
Wives 132
Congenital 18
Unknown 2000

The following are helpful comments of Military Government health officers which have been extracted from reports received by SCAP.

“Of the 141 cases reported in October only 3 voluntarily came for treatment. The police netted another 109; and the remaining 30 were referred by private physicians.”

“117 prostitutes, geishas, streetwalkers, waitresses, etc, were brought in for examination by Japanese doctors under the supervision of medical officers from - - - troops. Fourteen cases of lues were diagnosed and 74 cases of gonorrhea. Ten (10) girls had both, so the total number of infections was 78. These are all now under treatment.”

“Quite a few men are treated at the V.D. clinic in - - - and their occupations range from railway workers, farmers, truck drivers, etc. Most of the women are geisha girls, dancers, and waitresses in hotels, etc., though a minority of the women are wives that have been infected by their husbands.”

“It might be of interest to you to know that we have had radio broadcasts over the local - - - station about venereal diseases. They are in very simple language that the ordinary Japanese can easily understand. We have also published articles in the daily local newspaper in this prefecture and hope that these methods will help to enlighten the public.”

“An intensive orientation campaign aimed primarily at the medical profession to consider VD as a problem common to the entire population is my suggestion. Subsequently this campaign should filter down to the lay public liberally diluted with the local idiom.”

“I suggest a presentation of the actual medical aspects of the treatment and diagnosis of the venereal diseases to the medical profession based upon the assumption that one is dealing with a group which is completely unformed or misinformed. A sophomore medical school level is not too elementary; and a brief review of basic anatomy would not be amiss.”

“It is very difficult for the Military Government Public Health Officers to find time to adequately train the Japanese physicians in Venereal Disease Control. I would suggest that the Home Ministry set up a post graduate school in V.D. to be attended by one or two members from each prefecture.”

“There are 12 Health Centers in this Prefecture. At the present time none of these are being used as venereal disease clinics. Both from a financial standpoint, and strategic locations, I feel that Venereal Diseases clinics should be attached to these Health Centers. Such a plan is now contemplated in this Prefecture.”

“I don't believe the ordinary Japanese physician is aware of the prevalence of venereal disease in the lay population so they have no idea of the amounts of supplies needed in order to give everyone adequate treatment.”

“An interesting survey of known prostitutes was recently conducted under the supervision of the legal section of this headquarters. Out of over 400 women examined, the results so far tabulated show about 85% to have one or more venereal diseases. This rate is much higher than would appear from the results of the routine weekly examinations and gives an indication of the true picture of venereal disease in prostitutes and of what the Japanese diagnosticians are able to do if properly prodded.”

“One particularly bad situation, not local, is the matter of self-treatment due to the ability of the laity to purchase drugs, such as Japanese sulfonamides, without the advice of a physician. Also, in this connection, many private practitioners are inadequately treating these patient and claiming “cures” unwarrantedly.”

“This office feels that the only satisfactory way to cope with the V.D. problem here is to first get the prefectural health authorities interested in the control of these diseases by creating an awareness of their scope and potential dangers.”

SECTION VI SOCIAL SECURITY

Social Insurances

The former Naval Mutual Aid Insurance Association has requested the Insurance Bureau of the Ministry of Welfare to take over the administration of the Association and all of its assets. It was further requested that the provisions guaranteed by the association be assured by the Social Insurance Bureau of the Ministry of Welfare for the benefit of the insured members. There are a number of established and well equipped former naval hospitals

which may be absorbed by the unified national hospital system to be coordinated with the Social Insurance Health program.

Welfare Pension Insurance

Comments obtained from employees regarding benefit payments under provisions of this insurance were; the benefit seemed so far in the future, little thought had been given as to what they would actually receive. The present law does not begin pension benefit payment until 1955. Another comment came from a Japanese sociologist who has recommended, following recent statistical studies, that the eligible age for receiving pension benefits be changed from 55 years of age to 60 years, however, that payments begin now.

The prefectural offices have another problem in that they are short of personnel to adequately run the office. The reason given is that government pay is too low to attract qualified personnel.

Seamen's Insurance

The slowness in paying benefits is a complaint received from employers and employees. This matter is being given considerable study as to whether it exists in the prefectural office or in the government offices in Tokyo. Necessary changes will be accomplished based upon existing conditions.

Health Insurance

The complaint regarding the margin between the charges by doctors for medical services and the rate allowed by the association will be solved in the near future. With a unification of the various hospital systems, a cooperative agreement will be arranged to overcome the high cost of medical care group treatment.

SECTION VII MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for the period ending 7 February 1947 shows 3073 hospitals with a capacity of 216,899 beds, 97,383 of which were occupied. During this same period 252,750 out-patients were treated.

Medical Education

A year of joint effort by SCAP and the Japan Council on Medical Education to establish higher medical educational standards, was culminated this month when the Ministry of Education presented a SCAP approved plan for the improvement of Medical Education.

Inspection was made of all existing medical Senmon Gakko (51 in number), using the university affiliated Senmon Gakko as a standard and grouping them into Class "A" and "B".

The "A" class Senmon Gakko will be allowed to continue its medical education program until its present students are graduated. After one additional year of study and one year internship, the graduate will be eligible to take national examination for medical licensure.

The "B" class Senmon Gakko will be refused the privilege of continuing medical education courses. Students of "B" class schools will be transferred to vacancies in "A" class schools, with a repetition of the year just completed and then continue their education as specified for "A" class students above.

In addition, students of "B" class schools may be absorbed by the Koto Gakko (university preparatory schools) in the following manner:

- (1) Seniors and Juniors of the Senmon Gakko will be admitted to 3rd and 2nd years of the Koto Gakko respectively.
- (2) Sophmores and Freshmen will be admitted to graduate and proceed directly to intern training.

Fifth year students, now enrolled in class "A" schools offering a five year course, will be permitted to graduate and proceed directly to intern training.

The inspections resulted in continuing the temporary operation of 45 medical Senmon Gakko as class "A" schools.

The over-all Medical Educational plan will be completed by 1950. After this date, Senmon Gakkos which have been raised to university standard will continue as medical schools. Others, which cannot meet the requirements of a university type medical school, will cease to exist as medical schools.

SECTION VIII VITAL STATISTICS

Visits were made to the local registration offices in Fujisawa, Omiya and Chiba to confer on methods of checking completeness of local registration.

SECTION IX CONSULTANTS

Nutrition Surveys

The attached nutrition survey consumption data for February 1946 is submitted for the four cities and nineteen prefectures.

RESULTS ON NUTRITION SURVEYS – JAPAN – 1946 - 1947

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day.

19 PREFECTURES

(Ibaraki, Tochigi, Gunma, Saitama, Chiba, Tokyo, Kanagawa, Shizuoka, Aichi, Shiga, Kyoto, Osaka, Hyogo, Wakayama, Okayama, Hiroshima, Fukuoka, Saga, and Kumamoto)

Nutrients in Grams and Calories per Capita per Day

	1946 February	1946 May	1946 August	1946 November	1947 February
Number	37,836	38,547	38,399	37,834	37,849
<u>Pop. Ratio</u>					
Adult Unit No. persons	0.818	0.886	0.867	0.916	0.839
<u>Protein</u>					
Animal	4.8	5.6	5.1	5.8	5.0
Vegetable	47.8	50.5	54.0	54.7	52.6
Total	52.6	56.1	59.1	60.5	57.6
<u>Fat</u>	-	12.2	11.8	11.2	10.1
<u>Carbohydrate</u>	-	393.8	395.2	489.4	454.1
<u>Calories</u>					
Ration	233	449	354	226	118
Free Market	75	54	58	75	53
Home Production	1613	1462	1533	2054	2013
Gift	31	18	15	14	9
Total	1952	1983	1960	2369	2193

Source: Imperial Japanese Government

19 PREFECTURES

Grams of Various Classes of Food Consumed per Capita per Day from Nutrition Surveys – Japan – 1946 – 1947

	1946 February	1946 May	1946 August	1946 November	1947 February
<u>Grains</u>	No data				
Rice		313.4	196.3	300.1	390.7
Wheat		114.0	99.5	40.7	26.3
Barley			129.6	87.5	48.3
Others		6.9	14.9	7.2	7.1
Total		464.3	440.3	435.5	472.4
<u>Nuts. Etc.</u>		0.03	0.03	0.5	0.1
<u>Potatoes</u>					
Sweet		82.8	8.1	495.0	243.2
White		15.3	160.5	8.8	15.0
Others		27.4	0.4	68.5	29.0
Total		15.5	169.0	572.3	287.2
<u>Sugars</u>		0.1	0.03	0.3	0.5
<u>Oils</u>		0.5	1.2	0.8	0.6
<u>Legumes</u>					
Soya		39.3	1.3	3.5	4.2
Soya Products			34.6	39.3	41.4
Other beans		3.5	6.1	3.1	2.2
Total		43.3	42.0	45.9	47.8
<u>Animal Foods</u>					
Fish		20.5	15.2	19.9	17.9
Meat, Poultry		1.0	2.8	2.7	1.8
Eggs		1.5	1.4	0.5	1.2
Milk		3.1	1.6	0.4	0.5
Total		26.1	21.0	23.5	21.4
<u>Leafy, Green & Yellow Vegetables</u>		109.3	173.5	95.9	83.5
<u>Other Fruits & Vegetables</u>					
Citrus, Tomatoes		1.0	34.2	1.2	8.0
Other Fruits		0.6	20.9	9.4	0.3
Other Vegetables		72.7	177.3	149.1	203.0
Total		74.3	232.4	159.7	211.3
<u>Seaweeds</u>		4.3	1.0	3.5	1.5
<u>Processed Veg.</u>					
Dried		4.6	0.4	0.6	3.6
Pickled		50.8	68.8	66.1	81.4
Total		55.4	69.2	66.7	85.0
<u>Flavours</u>		9.4	15.8	14.0	20.1
<u>Others</u>		2.8			

RESULT OF NUTRITION SURVEYS – JAPAN – 1946 – 1947

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day.

FOUR CITIES
(Nagoya, Osaka, Kure and Fukuoka)
Nutrients in Grams and Calories per Capita per Day

	1946 February	1946 May	1946 August	1946 November	1947 February
<u>Number</u>	13,810	14,426	13,943	13,796	13,849
<u>Pop. Ratio</u> <u>Adult Unit</u> No. persons	0.812	0.823	0.824	0.823	0.826
<u>Protein</u>					
Animal	15.6	17.0	10.0	14.1	11.7
Vegetable	45.0	41.1	44.5	42.0	45.3
Total	60.6	58.1	54.5	56.1	57.0
<u>Fat</u>	-	13.1	11.8	11.5	10.0
<u>Carbohydrate</u>	-	304.7	285.0	376.7	371.0
<u>Calories</u>					
Ration	1092	1128	910	1153*	1202
Free Market	443	385	458	621	562
Home Production	53	49	110	75	48
Gift	89	41	48	33	34
Total	1677	1603	1526	1882	1846

*Ration increased from 2.1 go (315 grams) of staple food to 2.5 go (375 grams) 1 November 1946.

Source: Imperial Japanese Government

FOUR CITIES

Grams of Various Classes of Food Consumed per Capita per Day from Nutrition Surveys – Japan – 1946 - 1947

	1946 February	1946 May	1946 August	1946 November	1947 February
<u>Grains</u>	No data				
Rice		294.1	86.4	185.0	322.4
Wheat		61.2	188.2	84.6	67.1
Barley			33.9	25.0	10.9
Others		8.4	4.1	5.4	0.7
Total		363.7	312.6	300.0	401.1
<u>Nuts. Etc.</u>		0.04	0.4	0.14	0.02
<u>Potatoes</u>					
Sweet		10.6	13.8	481.1	143.4
White		2.4	59.4	8.7	9.5
Others		5.8	0.2	26.7	13.5
Total		18.8	73.4	516.5	166.4
<u>Sugars</u>		0.2	0.13	0.33	0.7
<u>Oils</u>		1.9	2.3	1.5	1.5
<u>Legumes</u>					
Soya		20.8	1.5	1.2	3.1
Soya Products			14.9	14.5	23.2
Other beans		12.1	3.0	4.3	1.8
Total		32.9	19.4	20.0	28.1
<u>Animal Foods</u>					
Fish		68.2	27.5	55.0	52.3
Meat, Poultry		3.7	10.0	10.1	7.6
Eggs		2.0	2.2	0.7	1.8
Milk		0.9	0.5	0.9	0.8
Total		74.8	40.2	66.7	62.5
<u>Leafy, Green & Yellow Vegetable</u>		123.4	151.1	67.8	64.4
<u>Other Fruits & Vegetables</u>					
Citrus, Tomatoes		0.6	23.0	8.0	7.8
Other Fruits		0.2	6.8	5.5	2.1
Other Vegetab.		116.2	232.8	245.7	228.0
Total		117.0	262.6	259.2	237.9
<u>Seaweeds</u>		8.8	6.5	7.0	12.6
<u>Processed Veg.</u>					
Dried		5.2	1.4	0.4	7.6
Pecked		277.7	13.1	31.0	61.2
Total		32.9	14.5	31.4	68.8
<u>Flavors</u>		17.5	14.5	24.1	28.0
<u>Others</u>		2.9			

SECTION X
MEMORANDUM TO IMPERIAL JAPANESE GOVERNMENT

None

CRAWFORD F. SAMS
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 22 March 47, w/Digest
2. Venereal Disease Report for week ending 22 March 47.

**GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section**

WEEKLY BULLETIN

**For Period
30 March – 5 April
1947
Number 14**

SECTION I – Welfare
SECTION II – Veterinary Affairs
SECTION III – Dental Affairs
SECTION IV – Nursing Affairs
SECTION V – Supply
SECTION VI – Preventive Medicine
SECTION VII – Social Security
SECTION VIII – Medical Service
SECTION IX – Vital Statistics
SECTION X – Consultants
SECTION XI – Memorandum to I. J. G.

SECTION I WELFARE

Public Assistance

The Ministry of Health and Welfare Public Assistance Report for February 1947 shows a decrease in the total number of persons assisted with an appreciable decrease in grants over January 1947 (average of 87.05 yen per person in January as against 65.52 yen in February).

Comparative figures for months of January 1947 and February 1947 are given below:

	<u>January 1947</u>		<u>February 1947</u>
Number of persons (not in institutions) assisted	2,790,791		2,602,833
Number of persons (in institutions) assisted by Gov't	<u>100,545</u>		<u>98,837</u>
<u>Total number persons assisted</u>	2,891,336		2,701,670
Cash Grants	yen 160,259,872	yen	156,671,451
Grants in Kind (cost)	<u>91,344,697</u>		<u>20,365,204</u>
<u>Total Grants</u>	yen 251,604,569	yen	177,036,655

Note: The decrease in grants in kind accounts for the wide variances in relief costs between January and February. The decrease in number of persons receiving assistance was primarily caused by the suspension of casual grants in Osaka and Kochi. (These two prefectures had a decrease of 53,208 persons and 89,152 persons, receiving assistance, respectively over the previous month).

SECTION II VETERINARY AFFAIRS

Animal Disease Report

The Ministry of Agriculture and February (Bureau of Animal Industry) reported the following new outbreaks of disease during the period 30 March – 5 April 1947.

<u>Prefecture</u>	<u>Disease</u>	<u>Number of Cases</u>
Nagasaki	Blackleg	2
Chiba	Swine Erysipelas	1

SECTION III DENTAL AFFAIRS

The first written National Dental Examination to be given in Japan was held 1, 2, 3, April in Tokyo, Osaka and Fukuoka simultaneously. Twelve hundred applicants participated.

SECTION IV NURSING AFFAIRS

Publications

Four articles on nursing subjects, requested by the Japanese Journal of Nursing, were prepared, approved and now await publication.

SECTION V SUPPLY

Distribution

An emergency air shipment of 57 kgs., of peptone was made to Korea, from Japanese stocks, to permit continuation of manufacture of typhoid and cholera vaccine, pending arrival of shipments of peptone scheduled on the import program.

Sales of former Japanese Army-Navy surgical instruments and appliances amounted to 584,142 yen for February as compared to 98,961 yen during January.

The Welfare Ministry has notified prefectural officials of their responsibilities in connection with medical treatment, including prescribed physical examination, of Japanese nationals employed for the occupation forces.

Any supply problems, which cannot be solved locally, should immediately be reported to the Welfare Ministry by telegraph, marked for attention of the "Pharmaceutical Affairs Section".

Production

The Welfare Ministry approved releases of DDT Products and Typhus Vaccine as follows during period 31 March – 5 April:

<u>Prefecture and/or Port</u>	<u>10% DDT Dust</u>	<u>Typhus Vaccine</u>
Kagawa	1000 lbs	250 Vials
Hiroshima		1440 Vials
Gifu	9000 lbs	150 Vials
Tokyo	13000 lbs	
Maizuru Port	3000 lbs	
Shimane		1900 Vials

A total of 11650 lbs DDT Concentrate was released to the Agriculture and Forestry Ministry for utilization on agriculture crops.

The production control plan of the Welfare Ministry, implementing Economic Stabilization Board regulations on this subject has been approved. This plan provides for transfer of production allocation functions formerly performed by various control associations to the jurisdiction of the Welfare Ministry. The ESB will allocate to ministries on an industry basis and manufacturers will be issued allocation certificates by the responsible ministry.

Narcotics

A Tokyo hospital, which was inspected in October 1946 Narcotic Control Officers, was again inspected on 3 April 1947. In October, the hospital had used 71 grams of cocaine hydrochloride in 81 days and the doctors were advised to limit the use of cocaine to cases in which use is actually indicated and not to use stock formulas of narcotic preparations as means of relieving, but not treating, patients when non-narcotic mixtures would suffice. As a result of the October conference and discussion, the records now show a requirement of 15 grams of cocaine hydrochloride for approximately 180 days. In this large hospital the use of ethylmorphine hydrochloride (Dionine) has declined to one half gram during a six-month period. Since the hospital has a stock of 330 grams of Dionine, Tokyo narcotic officials are directing transfer of 320 grams to local and central wholesale registrants.

Reports have been received and investigation is being made of Allied Nationals demanding narcotics from Japanese doctors for Japanese persons. Physicians are not required to supply narcotics to any person on demand and will be prosecuted for doing so. Narcotics are administered or supplied only to patients of the physician according to the diagnosis of the patient by that particular physician. If any person demands narcotics of a physician or any other registrant, law enforcement officials must be notified and the person arrested.

Former Japanese military medicinal narcotics taken into custody by Occupation Forces and returned to SCAP-approved wholesale registrants for distribution under new narcotic regulations as the medical needs of the Japanese people require, have an approximate value of 10,394,018 yen. Since many of the items were prepared solely for military use and are not in suitable containers for civilian use, extensive repackaging operations have been underway since the beginning of the year.

SECTION VI PREVENTIVE MEDICINE

Japanese B. Encephalitis

The following is quoted for the information and guidance of health officers in regard to the collection and shipment of blood specimens from patients suspected of having Japanese B. encephalitis:

a. Blood samples for serologic diagnosis should consist of 25 to 30 cc. and should be withdrawn with a dry sterile syringe and transferred to sterile screw capped bottles or to sterile heavy glass tubes which can be stoppered tightly. Corks or rubber stoppers should be held in place by adhesive tape. If vacuum tubes are available, specimens may be forwarded directly in these tubes after breaking off the glass tubing at a point between needle and rubber stoppers. If freezing temperatures may be encountered during transit, serum should be separated from the

clot whenever possible using aseptic technique. The clot may then be discarded. If whole blood is to be sent, blood should be allowed to clot firmly at room temperature before being handled.

b. Specimens should be collected as follows:

- (1) At the time of onset of the disease or as soon thereafter as possible.
- (2) Ten to fourteen days after onset.
- (3) Twenty-eight to 30 days after onset.

c. Specimens should be prepared for shipment as follows:

- (1) Label each bottle or tube properly, using adhesive tape or paper label covered by transparent type.
- (2) Place bottle or tube containing specimen in a rubber covering tied at the top to keep out water. Pack carefully in a vacuum jar or suitable closed container filled with cracked ice.
- (1) Address and send specimen to 406th Medical Laboratory, Virus and Rickettsial Division, APO 500, Tokyo. Railway Express Service, Air Courier Service or Courier Service will be used. Ordinary mail will not be utilized for this purpose.

d. The first blood specimen will be accompanied by an abstract of the history, clinical finding, laboratory data, dates and type of encephalitis vaccination if any, and any other data which may be pertinent. Subsequent blood specimens will be accompanied by a summary of the progress notes. No serological work will be done on specimens which are not accompanied by such notes.

Typhus Control

Comparative Score (includes 3 April 1947)

1946	-	15,312
1947	-	586

Training of personnel for diagnostic laboratories is to start 14 April 1947 in the Government Infectious Disease Institute. One person from each of the following places is to attend the first course from 14 through 24 April 1947:

Sapporo
Niigata
Sendai
Osaka
Takamatsu
Kumamoto

They will be instructed in the theory and technique of performing Wail-Felix tests and the complement-fixation tests for typhus fevers. Following instructions the technicians will return to their respective laboratories and another technician from the same laboratories will be sent for instruction. As soon as these laboratories are ready to perform complement-fixation tests, their names will be announced.

Three railroad cars have been authorized for conversion and use as a mobile public health training unit. This unit will serve to help reach the more remote areas with basic public health information.

Sanitation

Instructions to start insect and rodent control programs have been issued to the prefectural health officials by Welfare Ministry. Training conferences are scheduled for both military and civilian health department officials. The schedule is:

Kyoto

Military Government Personnel	-	May 6 and 7th
Japanese Health Officials	-	May 8 and 9th

Sendai

Military Government Personnel	-	May 13 and 14th
Japanese Health Officials	-	May 15 and 16th

The organization and operation of control teams will be similar to last year. However, control measures of a permanent nature are to be accentuated; such as drainage filling, clearing debris, cleaning sewers, etc. Also residual spraying of house with DDT where cases of malaria, dengue, encephalitis, dysentery, typhoid, cholera and

plague occur is to be instigated. Insecticides are to be delivered to the prefectures starting 1 May, the cost of material and labor to be borne on the following bases:

Drugs and Insecticides

National Government 1/3

Local Governments 2/3

Personnel

National Government 1/2

Local Government 1/2

The cost of environmental sanitation programs of purely local house cleaning nature, will not be participated in by the National Government.

Venereal Disease Control

The following statistics are taken from a prostitute hospital. The hospital is considered about average in size, average or slightly above the average in operation, but in general illustrating problems common to all such hospitals.

Patients in hospital - - - 171

The total hospital staff is 59, divided as follows: - - Office personnel, 9; Nurses, 18; Physicians, 6; Laboratory employees, 5; Pharmacy, 2; kitchen Employees, 7; Janitors, 3; Guards, 9.

The number of patients treated in six months - - - 2,140

Of this number 232 patients were treated twice, 56 treated three times, 34 treated four times, 22 treated five times, 3 treated six times and one patient treated seven times.

Total syphilis patients - - - 593

Total syphilis patients who received 20 or more arsenicals - - - 36

Total syphilis patients who received 20 arsenicals and 20 heavy metals - - - NONE

Total gonorrhea patients - - - 1,484

Presumably the gonorrhea patients were all considered "cured", but in analyzing this figure, it should be noted that in chronically infected females (which includes most prostitutes) neither smears nor cultures offer reliable evidence of cure. Furthermore, sulfonamides are known to cure less than 50% of acute cases in males.

No patients received sufficient treatment for the cure of syphilis and no patient received even the minimum amount of therapy necessary for non-infectiousness.

Finally, it is noted that the more emphasis placed on the care of prostitutes, the less attention given to the provision of venereal disease clinic facilities for the general public.

Improvements in the medical standards in prostitute hospitals will only come about after diagnostic and treatment facilities for the general public are established and improved.

Port Quarantine

Present Telegraphic Health Intelligence Reports from Port Cities in Japan, through Japanese channels, cover only communicable diseases found aboard incoming vessels. Beginning this week, weekly telegraphic reports covering quarantinable disease will include Port Cities. These weekly report will be supplemented by detailed mailed reports and by special telegraphic reports as indicated.

Report of incoming quarantinable disease, week of 23 March to 29 March – Negative.

SECTION VII
SOCIAL SECURITY

Social Insurance

In the closing days of its Session, the Diet passed the Workers' Accident Compensation Insurance Law which, when promulgated, will supercede the Employer's Liability Insurance Law. Revisions in the Welfare Pension and the Health Insurance Laws were also passed which were necessitated by the passage of the Workers' Accident Compensation Insurance.

The Diet attached the following recommendations for guidance of the next Diet. They desire:

- a. That the reserve funds in the Welfare Pension Insurance be made available for the benefit of employees in establishing necessary Welfare institutions.
- b. That the reserve fund of the Health Insurance program be made available, from year to year, for the purpose of establishing hospitals and clinical facilities where most needed.
- c. That the Government realize its responsibility for the National Health Insurance program and that an extra subsidy be allowed for enlarging this program.

In superceding the Employers' Liability Insurance Law, the newly enacted Workers' Accident Compensation Insurance Law was extended to industry in general. This form of insurance, under the Employers' Liability Insurance Law, was limited to employees of civil engineering, construction, and forestry undertakings. There had been wider coverage for invalidity pensions and allowances under the Welfare Pension Insurance Law than in the Employers' Liability Insurance program, but the actual benefits were quite limited under the former and the worker as well as the employer was required to contribute. With the revisions of these laws more adequate compensation for disability due to occupational injuries and diseases will be provided under the workers' Accident Compensation Insurance Law. The Welfare Pension Insurance Law will continue to insure against non-occupational disabilities and will make provision on an extended benefit computation basis, for certain occupational injuries which are not covered by other insurance programs.

Health Insurance

The principle difference between the Workers' Accident and the Health Insurance Laws are the coverages for occupational and non-occupational, diseases and injuries, respectively. The types of industrial workers covered by the two insurances remain relatively the same. However, in Health Insurance the insured's family is eligible for medical care and hospitalization at one half the cost. The law does provide that the insured will not receive benefits from both insurances for the same disease or accident. However, Health Insurance may carry on if necessary, when the Worker's Compensation Insurance benefits cease.

National Health Insurance

The Ministry of Welfare's request for an increase in the appropriation for the operation of National Health Insurance was disapproved by the Minister of Finance. The increase requested was considered necessary in order to provide additional medical care and to enlarge the preventive medicine program for rural people. It is expected the next Diet will give more thought to this question.

Eligibility

Farmers and rural people are eligible for participation in the National Health Insurance Program (non-industrial). They are not eligible for Health Insurance (industrial) unless they are employed as an industrial worker in an organization that is covered by the Health Insurance law.

Employee's Relief Ordinance

This Ordinance provides benefits for Japanese Nationals on duty with the Occupation Forces for illness or injuries incurred in the line of duty. The Central Liaison Office, Tokyo, has made appropriations to the Prefectural Governments for the purpose of obtaining equipment and medicines necessary to establish a dispensary where there is a concentration of 500 workers or more. For additional operating and medical supply expenses, found necessary, the Prefectural Government can direct a request to the Accounts Division, Central Liaison Office, Tokyo.

SECTION VIII MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for the weekly period ending 14 February 1947 shows 3072 hospitals with a capacity of 217,038 beds, 102,038 of which were occupied. During this same period 282,094 out-patients were treated.

SECTION IX VITAL STATISTICS

Following is a corrected table for January, showing the true count of declarations filed in January in Aomori and Miyagi Prefectures and corresponding changes in the totals for all Japan, all Shi, and all Gun. These corrections are necessitated by the fact that Aomori and Miyagi Prefectures included in their origin 1 reports not only all declarations filed in January but all declarations filed through 14 February for January events. With those corrections, both the January and February report for all prefectures include all declarations made in the respective month regardless of the month of occurrence.

Births The number of births (222,405) declined nearly 20 percent from the high of 273,527 established in January but remained above the number reported in any of the previous 6 months. This follows the pattern of past experience in Japan. The birth rate per 1,000 population per annum declined approximately 10 percent from 44.1 in January to 39.7 in February. The decline in the birth rate in the city areas (12 percent) was slightly greater than in non-city areas (9 percent).

Deaths For the third consecutive month deaths increased. The number in February (119,299) was only about 2 percent higher than in January (117,321) but the rate in February (21.3) was 13 percent greater than in January (18.9). In the 10 year period 1934 – 1943, the number of deaths in February was always less than in January. The non-city death rate increased somewhat more than the city rate.

Infant deaths Infant deaths (23,390) were approximately 12 percent greater than in the previous month (20,808). The infant death rate per 1,000 live births (105.2) was nearly 40 percent greater than in January (76.1) and was the highest rate recorded in the past 8 months. The tremendous increase in the rate was due to the fact that the number of infant deaths increased while the number of births decreased. For the first time in these 8 months the infant death rate in city areas (107.9) exceeded that of non-city areas (104.1).

Stillbirths Stillbirths (9,900) declined nearly 5 percent from 10,309 in January. The rate per 1,000 live births (44.5), however, increased nearly 20 percent over the January rate (37.7) since the decline in live births was so much greater than in stillbirths. The stillbirth rate in city areas increased much more sharply (approximately 25 percent) than in non-city areas (15 percent).

Marriages For the fifth consecutive month marriages increased to reach a further high point. The number (73,833) in February was only about 2 percent greater than in January (72,722) but the February rate (13.2) was nearly 15 percent higher than the January rate (11.7). The non-city rate increased somewhat more than the city rate.

Divorces The number of divorces (6,221) dropped approximately 6 percent below the January figure (6,648) but the rate remained the same (1.1). The decline in the number of divorces in non-city areas was approximately 8 percent with no resulting change in the rate but the decline in the number of divorces in cities was so slight that there was a 10 percent increase in the city divorce rate.

- CORRECTED REPORT -

BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES AND DIVORCES
(NUMBER AND RATE) ACORDING TO PREFECTURE, JANUATY 1947

Prefecture	Births	Deaths	Infant Deaths	Still-Birth	Marriages	Divorces
Number:						
All Japan	273,527	117,321	20,808	10,309	72,722	6,648
Total all						
“Shi”	82,309	37,009	6,212	3,510	18,120	1,888
Total all						
“Gun”	191,218	80,312	14,596	6,799	54,602	4,760
Aomori	4,655	1,452	339	145	1,244	97
Miyagi	4,888	1,910	365	199	1,728	116
Rate:						
All Japan	44.1	18.9	76.1	37.7	11.7	1.1
Total all						
“Shi”	43.6	19.6	75.5	42.6	9.6	1.0
Total all						
“Gun”	44.2	18.6	76.3	35.6	12.6	1.1
Aomori	50.3	15.7	72.8	31.1	13.4	1.0
Miyagi	39.4	15.4	74.7	40.7	13.9	0.9

BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES AND
DIVORCES RATES ACCORDING TO PREFECTURE, FEBRUARY 1947

Prefecture	Birth Rate	Death Rate	Infant Death Rate	Still-Birth Rate	Marriage Rate	Divorce Rate
All Japan	39.7	21.3	105.2	44.5	13.2	1.1
Total all "Shi"	38.2	21.5	107.9	53.6	10.5	1.1
Total all "Gun"	40.3	21.2	104.1	40.8	14.3	1.1
Aichi	37.1	21.2	118.8	42.2	11.1	0.8
Akita	54.4	18.4	77.9	40.5	17.6	1.7
Aomori	51.3	18.0	84.6	37.3	14.7	1.3
Chiba	40.0	21.2	110.0	39.3	12.2	0.7
Ehime	44.1	22.3	100.7	36.0	13.5	1.2
Fukui	38.5	21.2	81.7	43.3	10.6	1.3
Fukuoka	42.9	24.1	128.6	40.5	13.0	1.2
Fukushima	38.7	20.0	90.2	43.4	15.3	1.2
Gifu	36.0	19.6	101.7	42.7	13.2	1.1
Gunma	36.8	18.3	86.6	44.8	15.2	0.7
Hiroshima	40.1	21.1	104.5	42.4	13.3	1.3
Hokkaido	44.6	16.4	84.2	39.0	11.0	0.7
Hyogo	37.9	21.5	117.5	53.4	11.3	1.0
Ibaraki	38.6	20.5	105.3	48.9	12.5	0.8
Ishikawa	49.1	21.4	91.0	34.8	15.5	1.3
Iwate	43.0	20.5	114.3	52.1	14.3	1.4
Kagawa	45.6	24.2	120.0	53.8	16.4	1.5
Kagoshima	35.8	22.7	102.3	41.6	12.6	1.7
Kanagawa	35.4	20.8	112.2	49.8	10.7	0.9
Kochi	39.5	26.7	108.3	33.1	15.2	1.3
Kumamoto	41.7	22.6	94.8	42.5	14.9	1.2
Kyoto	33.4	20.1	99.5	47.7	9.9	1.0
Mie	34.6	24.2	39.5	39.0	12.6	1.1
Miyagi	41.6	18.7	100.4	48.0	15.7	0.8
Miyazaki	43.9	23.6	105.8	46.3	13.1	1.3
Nagano	35.5	18.0	83.0	55.4	13.3	1.0
Nagasaki	39.1	25.6	118.4	38.6	15.6	1.4
Nara	33.4	23.2	137.2	41.9	13.8	1.2
Niigata	40.6	17.6	74.3	42.6	15.3	1.0
Oita	43.3	25.1	109.4	37.8	16.1	1.4
Okayama	40.1	22.0	115.1	45.8	12.7	1.1
Osaka	35.5	21.7	121.6	62.1	9.5	1.2
Saga	43.9	24.7	132.4	35.7	13.7	1.4
Saitama	40.9	22.7	107.5	44.3	14.8	0.8
Shiga	37.9	26.6	113.5	38.9	13.1	1.2
Shimane	44.9	23.1	92.3	42.0	16.3	1.8
Shizuoka	36.2	20.5	106.8	44.0	15.5	1.1
Tochigi	38.2	19.1	95.2	45.4	14.6	0.8
Tokushima	43.5	26.8	119.3	48.8	16.0	1.2
Tokyo	34.8	22.9	126.5	50.5	10.2	0.9
Tottori	39.5	22.9	104.3	48.6	16.4	1.3
Toyama	53.4	19.8	101.3	39.0	13.9	2.1
Wakayama	31.9	19.9	95.0	42.0	12.0	1.0
Yamagata	40.6	19.9	93.5	37.7	13.4	1.2
Yamaguchi	40.7	24.6	169.2	49.1	13.2	1.4
Yamanashi	34.2	19.5	80.9	49.8	14.3	1.2

* Per 1,000 population per annum

** Per 1,000 live births per annum

NUMBER OF BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES AND
DIVORCES REPORT ACCORDING TO PREFECTURE, FEBRUARY 1947

AREA	BIRTHS	DEATHS	INFANT DEATHS	STILL-BIRTHS	MARRIAGES	DIVORCES
All Japan	222,405	119,299	23,390	9,900	73,833	6,221
Total all "Shi"	65,097	36,596	7,022	3,486	17,846	1,845
Total all "Gun"	157,308	82,703	16,368	6,414	55,987	4,376
Aichi	8,301	4,748	906	350	2,483	175
Akita	4,993	1,687	389	202	1,611	159
Aomori	4,290	1,502	363	160	1,232	110
Chiba	6,162	3,264	678	242	1,873	112
Ehime	4,668	2,363	470	168	1,429	132
Fukui	2,056	1,130	168	89	566	72
Fukuoka	9,576	5,379	1,231	388	2,893	263
Fukushima	5,690	2,942	513	247	2,254	171
Gifu	3,983	2,168	405	170	1,457	121
Gunma	4,305	2,135	373	193	1,782	85
Hiroshima	5,847	3,084	611	248	1,940	185
Hokkaido	11,942	4,377	1,006	466	2,951	195
Hyogo	8,227	4,652	967	439	2,445	227
Ibaraki	5,744	3,049	605	281	1,357	116
Ishikawa	3,306	1,439	301	115	1,041	88
Iwate	4,014	1,915	459	209	1,337	132
Kagawa	3,049	1,622	366	164	1,095	99
Kagoshima	4,475	2,843	458	186	1,575	217
Kanagawa	5,478	3,223	609	273	1,664	139
Kochi	2,419	1,637	262	80	928	78
Kumamoto	5,221	2,824	495	222	1,861	150
Kyoto	4,150	2,495	413	198	1,233	127
Mie	3,642	2,542	508	142	1,321	118
Miyagi	4,663	2,102	468	224	1,760	88
Miyazaki	3,224	1,661	341	151	961	98
Nagano	5,519	2,507	458	306	2,068	162
Nagasaki	4,249	2,790	503	164	1,695	150
Nara	1,910	1,323	262	80	786	66
Niigata	7,251	3,148	539	309	2,730	173
Oita	3,812	2,210	417	144	1,419	126
Okayama	4,733	2,598	545	217	1,497	133
Osaka	8,100	4,953	985	503	2,169	272
Saga	2,885	1,625	382	103	902	89
Saitama	6,372	3,539	685	282	2,303	131
Shiga	2,415	1,631	274	94	838	75
Shimane	2,926	1,502	270	123	1,064	116
Shizuoka	6,273	3,555	670	276	2,688	199
Tochigi	4,403	2,205	419	200	1,684	92
Tokushima	2,765	1,702	330	135	1,017	74
Tokyo	11,157	7,337	1,411	563	3,267	293
Tottori	1,687	981	176	82	700	57
Toyama	3,819	1,420	387	149	994	149
Wakayama	2,285	1,422	217	96	856	74
Yamagata	4,034	1,981	377	152	1,334	118
Yamaguchi	4,295	2,594	469	211	1,397	144
Yamanashi	2,090	1,193	169	104	876	71

Japanese source: Cabinet Bureau of Statistics

SECTION XI
MEMORANDUM TO IMPERIAL JAPANESE GOVERNMENT

None

CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

4 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 29 March 1947 w/digest.
2. Venereal Disease Report for week ending 29 March 1947.
3. Report of Cases and Deaths from Communicable Diseases for Comparable Periods.
4. Monthly Summary Report of Cases and Deaths from Communicable Diseases in Japan for Five Weeks Ending 29 March 1947, w/digest.